

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 28 1936

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

38218

**1. PLACE OF DEATH**

County Lawrence Registration District No. 470  
 Township Mt. Vernon Primary Registration District No. 5633  
 City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 130

**2. FULL NAME** Helen Irene Perriman

(a) Residence, No. Mt. Vernon St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-30-1936</u>		
7. AGE	YEARS	MONTHS
		<u>3</u>
	DAYS	
	<u>1</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1936, to Oct 30, 1936  
 I last saw him alive on Oct 30, 1936 Death is said to have occurred on the date stated above, at 11 P m.  
 The principal cause of death and related causes of importance were as follows:  
Erysipelas

Date of onset 10/24/36

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon - Mo

FATHER

13. NAME Roy Perriman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon Mo

MOTHER

15. MAIDEN NAME Sadie Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon Mo

17. INFORMANT Roy Perriman  
 (ADDRESS) Mt. Vernon

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Summit DATE Nov 1, 1936

19. UNDERTAKER Yossitt Funeral Home  
 (ADDRESS) Mt. Vernon Mo

20. FILED Nov 11, 1936 P. A. Holmes  
 Registrar.

Name of operation na Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. J. Felton M. D.  
 (Address) Mt. Vernon Mo

