

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

MAR 24 1936

1. PLACE OF DEATH

County PerryRegistration District No. 660Township PerryvillePrimary Registration District No. 4396City Perryville

(No.)

St.

Ward)

2. FULL NAME

(a) Residence, No.

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Stillborn

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

3/3/36

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Stillborn

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Perry Co.

FATHER

13. NAME

Carl Valleroy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Perry Co.

MOTHER

15. MAIDEN NAME

Elsie Reiss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Perry Co.

17. INFORMANT (ADDRESS)

Mr Carl Valleroy

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Home Cem

DATE

3/81936

19. UNDERTAKER (ADDRESS)

Young & Hemmick Perryville

20. FILED

Mar 3 1936Joe J. Zeller

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

3-31936

22. I HEREBY CERTIFY, That I attended deceased from

3-31936, to

19....

I last saw him alive on....., 19.... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Still Born
Dead probably
3 days before
birth

Date of onset

Other contributory causes of importance:

Name of operation..... 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?..... 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) Osip A. Carr

M. D.

(Address) Perryville, Mo.

