

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.

*Dr White*  
MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH  
34 County Greene Registration District No. 318  
5 Township Springfield Primary Registration District No. 2001  
5 City Springfield (No. 2137, N. Campbell) File No. 5897  
Registered No. 0115 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William J. Perryman  
(a) Residence, No. 2137 N. Campbell Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Belle Perryman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 11 1871</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>5</u>	DAYS <u>27</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	
	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) <u>Walnut Grove Greene Co Mo</u>		
FATHER	13. NAME <u>John Perryman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>	
	15. MAIDEN NAME <u>Sarah Mathews</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>	
MOTHER	17. INFORMANT (ADDRESS) <u>Mrs Wm J Perryman 2137 N Campbell</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ross Hill</u> DATE <u>Feb. 20, 1937</u>	
	19. UNDERTAKER (ADDRESS) <u>W. C. Higgins 704 Springfield, Mo</u>	
	20. FILED <u>Feb 10 1937</u> <u>Chas W. George</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11, 1935, to 2-8, 1937  
I last saw him alive on 2-8, 1937. Death is said to have occurred on the date stated above, at 11:06 am.  
The principal cause of death and related causes of importance were as follows:  
Intra-cranial Hemorrhage Date of onset 1/29/36  
(Cerebral Apoplexy)  
Hypertensive Cardio-Vascular Disease  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) R. Red White, M. D.  
(Address) Springfield

