

MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County PerryRegistration District No. 660File No. 7576Township PerryvillePrimary Registration District No. 4396

Registered No. _____

City Perryville (No. _____, St. _____, Ward)2. FULL NAME John A. Versheldon

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Single
DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28 1899

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.3809

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Farmer10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Perry Co.
Mo.

FATHER

13. NAME Aug. P. Versheldon14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Perry Co.
Mo.

MOTHER

15. MAIDEN NAME Anna M. Gotto16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Perry Co.
Mo.17. INFORMANT Mrs. Anna Versheldon
(ADDRESS) Perryville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Hope Cem. DATE Feb 10 6 193719. UNDERTAKER Young & Sons(ADDRESS) Perryville Mo.

20. FILED

Feb 9 1937 Joe J. Zellner
Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7 1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 12 1936 to Feb 7 1937I last saw him alive on Feb 7 1937. Death is saidto have occurred on the date stated above, at 11:15 P.m.

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

Pulmonary tuberculosis
(bilateral)

Date of onset

6 mos.
to
1 year

Other contributory causes of importance:

None

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) Oscar A. Carron M. D.(Address) Perryville, Mo.

