

MAR 24 1937

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

Do not use this space.

## 1. PLACE OF DEATH

 83  
 4  
 634  
 County Platte  
 Township Canon  
 City Platte City, Mo. (No. \_\_\_\_\_)

 Registration District No. 696  
 Primary Registration District No. 4418

 File No. 7682  
 Registered No. 7  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

John Herbert Perry  
 (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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Matilda Benne
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1873
 7. AGE YEARS 63 MONTHS 7 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

 10. Date deceased last worked at this occupation (month and year) 1-2-8 11. Total time (years) spent in this occupation \_\_\_\_\_
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington D. C.13. NAME John Herbert Perry14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Dora M. Benne16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Benne Perry (ADDRESS) 12 1/2 Indiana, Platte City, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City DATE 2-15-3719. UNDERTAKER J. F. Rollins (ADDRESS) Platte City, Mo.20. FILED 3/1 1937 Mrs. J. J. & Murray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13 1937
 22. I HEREBY CERTIFY, That I attended deceased from Feb 12 - 1937 to Feb 13 - 1937
I last saw him alive on Jan 13 1937 Death is saidto have occurred on the date stated above, at 11:30 am.

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

Angina Pectoris Date of onset \_\_\_\_\_
Other contributory causes of importance: gta

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

What test confirmed diagnosis? Coplin Was there an autopsy? yes

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 none

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

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signature) Henry M. [unclear], M. D.(Address) Platte City, Mo.

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.

