

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.

317 JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Polk Registration District No. 74
Township Marion Primary Registration District No. 5930
City (No. _____) St. _____ Ward _____

File No. 24627
Registered No. 36

2. FULL NAME

Mabel 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Fred Perry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22-1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 42 1 _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H-W
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) neb.

13. NAME Wilham Newton

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

15. MAIDEN NAME Ida Peck

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

17. INFORMANT Fred Perry
(ADDRESS) Bolivar, Mo.

18. BURIAL, CREMATION, OR REMOVAL bur.
PLACE Hartington DATE 6-24-37

19. UNDERTAKER Shutsko-Bloch
(ADDRESS) Bolivar, Mo.

20. FILED 6-23-37 J. R. Roberts
Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1937 to June 21, 1937.
I last saw her alive on April 2, 1937 Death is said to have occurred on the date stated above, at 4 P.M.

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

Typhoid Date of onset Apr 1

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? no

If so, specify _____

(Signed) D. J. Bell, M. D.

(Address) Bolivar Mo

