

87 JUL 31 1937

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

Do not use this space.

24658

1. PLACE OF DEATH

County Rolls

Township Perry

City Perry (No. 727)

Registration District No. 727

Primary Registration District No. 4433

File No.

Registered No.

St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Perry, Mo. St. Mo. Ward 1

(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

Mary Susan

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
68 79 4 25

OCCUPATION

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

Laborer

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

Unemployed

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)

Andrian County Missouri

13. NAME

Richard Susan

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

Missouri

15. MAIDEN NAME

Elizabeth Edmondson

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

Missouri

17. INFORMANT (ADDRESS)

Mary Susan Perry, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenland DATE 6/20/37

19. UNDERTAKER (ADDRESS)

Clyde C. Wilbey Perry, Mo.

20. FILED

6/28/37 Clyde C. Wilbey Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 18, 1937

22. I HEREBY CERTIFY That I attended deceased from

June 1, 1937, to June 18, 1937

I last saw him alive on June 12, 1937. Death is said

to have occurred on the date stated above, at 2:30 P.M.

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

Cerebral Hemorrhage June 18, 1937

Other contributory causes of importance:

Arteriosclerosis unknown

Name of operation

Date of

What test confirmed diagnosis? Physician 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? no

If so, specify

(Signed)

(Address)

John Brown Perry, Mo. M. D.

Dr. Brown  
Sign