AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No. 27753

Township Mason — Primary Registration District No. 3079 — Registered No. 210

City Hannibal (No. Levering Hos. St. Ward)

2. FULL NAME Orville A Sperry

(a) Residence, No. ~~Levering Hospital~~ St., Ward. Center, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtie Shulse Sperry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	55	6	26	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) July 28, 1937

11. Total time (years) spent in this occupation 33 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls County Mo

FATHER

13. NAME Adam Sperry

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

MOTHER

15. MAIDEN NAME Susan Mulhern

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

17. INFORMANT (ADDRESS) Mrs. Myrtie Sperry Center Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Center Mo DATE July 12 1937

19. UNDERTAKER (ADDRESS) Couch and Hulse Center Mo

20. FILED July 13 1937 H. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/9/37, 19..., to 7/11, 1937

I last saw him alive on 7-11, 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Date of onset

Cerebral Hemorrhage

66 B

Other contributory causes of importance:

Toxic adenoma

Chr myocarditis

Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? Clin 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) J. Reichman, M. D.

(Address) 1001 Bldg Hannibal Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FORM 2-19-36 X7294