NOV 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Linn — Registration District No. 501 — File No. 38120

Township Locust Creek — Primary Registration District No. 5666 — Registered No.

City County Infirmary (No. ..... St. ..... Ward)

2. FULL NAME Mary Peery

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

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXXXXXXXXXXXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1873

7. AGE: YEARS 64 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME J. W. Peery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) XXXXXXXXXXX Virginia

MOTHER

15. MAIDEN NAME XXXXXXXXX
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) XXXXXXXXXX XXXXXXXXXX XX

17. INFORMANT (ADDRESS) D. A. Peery Linneus, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Cem. DATE 10/18/1937

19. UNDERTAKER (ADDRESS) Thorne Undertaking Co. Linneus, Missouri.

20. FILED 11-8 1937 Jno W. Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/17/1937, 19

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1937, to 10/12, 1937

I last saw her alive on Oct 12, 1937. Death is said to have occurred on the date stated above, at 8 A.m.

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

	Date of onset
Chronic Pavenchymous Nephritis	?
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Other contributory causes of importance:

Acute Cardiac Decompensation	8/10/37

Name of operation — Date of —

What test confirmed diagnosis? usual methods 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) Roy R Haley, M. D.

(Address) Brookfield Ill'd

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Do not mail, do properly classified. Exact statement of OCCUPATION is very important.