JAN 19 1938

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

Do not use this space.

45862

1. PLACE OF DEATH
County Lawrence — Registration District No. 471 — File No. III
55 Township Pearce — Primary Registration District No. 3634 — Registered No. 26
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary Margaret 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Walter Perry

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 12. 1884

7. AGE: Years 52 — Months 11 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN): Portsmouth
(STATE OR COUNTRY): England

PARENTS
10. NAME OF FATHER: John Burton Kieyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Elizabeth Richardson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Springfield
(STATE OR COUNTRY): Illinois

14. INFORMANT: Mrs Bess Peabody
(Address): Houston Texas

15. FILED Jan 9 1938 E B Hughes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 9 1937

17. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1937, to Dec 9, 1937, that I last saw her alive on Dec 9, 1937, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Embolus
(duration) ..... yrs. ..... mos. 1/2 ds.

CONTRIBUTORY (SECONDARY): arteriosclerosis & Hypertension (duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Ernest Mitchell, M.D.
, 19 (Address) Monett Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~: Mt Calvary Cemetery — DATE OF BURIAL: 12/11 1937

20. UNDERTAKER: Callaways — ADDRESS: Monett

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.