

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.

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

Do not use this space.

JAN 24 1938

46460

1. PLACE OF DEATH

County Randolph  
Township \_\_\_\_\_  
City Moberly (No. \_\_\_\_\_)

Registration District No. 735  
Primary Registration District No. 3034

File No. \_\_\_\_\_  
Registered No. 287 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2nd 1892

7. AGE YEARS 44 MONTHS 5 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 1917

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

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) Calif. 2

13. NAME John M Perley 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

15. MAIDEN NAME Ardenia Hunt

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

17. INFORMANT Raymond Perley (ADDRESS) Dutton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Dec 31st 1937

19. UNDERTAKER Mahan and Son (ADDRESS) Moberly Mo

20. FILED Jan 4 1938 Edna Blue Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29th 1937

22. I HEREBY CERTIFY, that I attended deceased from Dec 15 1937 to Dec 29 1937

I last saw her alive on Dec 29 1937. Death is said to have occurred on the date stated above, at 6:20 a.m.

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

Diema Pulmonary Nephrectomy  
5/17  
Other contributory causes of importance:  
Abdominal Complete Nephrectomy

Name of operation \_\_\_\_\_ Date of Dec 20th 1937

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) Lot Dickell \_\_\_\_\_, M. D.  
(Address) Moberly Mo

