JAN 24 1938

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

Do not use this space.

46508

1. PLACE OF DEATH

County Ripley — Registration District No. 754 — File No. 58

Township Washington — Primary Registration District No. 5995 — Registered No. 1351

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lewis Perrin

(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: 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: Alice Perrin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 14 1865

7. AGE: YEARS 70 — MONTHS 11 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
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): Green Co. Ind

FATHER

13. NAME: John Wesley Perrin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Rhodie Elizabeth Messenger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): David Perrin, Naylor, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gum Cem. DATE Aug 31 1936

19. UNDERTAKER (ADDRESS): Minnie Gish, Naylor, Mo.

20. FILED Aug 30 1937 H. E. White, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 30 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15 1936 to Aug 30 1936
I last saw him alive on July 20 1936. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
degenerative
Hypertension

Date of onset

Other contributory causes of importance:

Chronic nephritis

Name of operation none Date of .....
What test confirmed diagnosis? Clinical 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) H E White, M. D.
(Address) Naylor Mo.

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.