

JAN 24 1938

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

Do not use this space.

46580

File No. 746  
Registered No. 746

1. PLACE OF DEATH

County St. Francois Registration District No. 224  
Towship \_\_\_\_\_ Primary Registration District No. 4465  
City Flat River, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Helen J. Perrault

(a) Residence No. Flat River, Mo. 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 Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1-1958

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
79 16

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

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

10. Date deceased last worked at this occupation (month and year) about 20 yrs ago 11. Total time (years) spent in this occupation 24 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester, England

13. NAME Mitchell

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

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs. Albert Bernard  
(ADDRESS) Flat River, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park View DATE Dec. 19 1937

19. UNDERTAKER Alon W. Hood  
(ADDRESS) Flat River, Mo.

20. FILED 1/3 1938 B. Barrax  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1933, 1937, to Dec 17, 1937.  
I last saw her alive on Dec 17, 1937. Death is said to have occurred on the date stated above, at 7 P. m.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Cholelithiasis

Other contributory causes of importance:  
Dehydration (Type not determined)  
Hypertension

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Exam 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) C. H. Appleberry, M. D.  
(Address) Flat River, Mo.

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

OCCUPATION

MOTHER'S FATHER





