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.

4246

1. PLACE OF DEATH
County Saline — Registration District No. 796 — File No.
Township — Primary Registration District No. 3038 — Registered No. 3
City Marshall (No. Putnam Hospital St. Ward)

2. FULL NAME Elsie Gamble Perry 600
(a) Residence, No. Phoenix, Arizona 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1888

7. AGE — YEARS: 49 — MONTHS: 6 — DAYS: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper
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) Missouri

FATHER
13. NAME Mordecia Gamble
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Kate Robertson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) F. Leslie Perry Phoenix, Arizona

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park Cem. DATE Jan. 20 1938

19. UNDERTAKER (ADDRESS) Campbell-Lewis Funeral Home Marshall, Mo.

20. FILED 1-18-1938 Mary Kent Dep. Registrar. 712

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17 — 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1938 to Jan 17 1938
I last saw her alive on Jan 17 1938 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal injuries from accident while riding in car	1-17-38

Other contributory causes of importance: None

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? Accident Date of injury 1-17-1938
Where did injury occur? On highway 65. 3 1/2 miles South of Marshall Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Collision of two autos
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A C Putnam, M. D.
(Address) Marshall Mo.

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FEB 28 1938
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MO. STATE BOARD OF HEALTH