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

Do not use this space.

REC'D MAR 14 1938

File No. 5792
Registered No. 858

1. PLACE OF DEATH
County Jackson — Registration District No. 395
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Perry, John R. 600

(a) Residence, No. 2444 Chestnut 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1899

7. AGE: Years 44 | Months 3 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burlington
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) Colorado

FATHER
13. NAME George S. Perry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Gertrude Hahn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mary Perry
(ADDRESS) 2444 Chestnut

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holden Mo. DATE Feb. 22 1938

19. UNDERTAKER D.W. Newcomer's Sons
(ADDRESS) 1401 Brush Creek

20. FILED 3/2/1938 M. M. Grove
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1938, to Feb. 20, 1938
I last saw him alive on Feb. 20, 1938. Death is said to have occurred on the date stated above, at 6:05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Right)	Feb. 13, 1938
Flu	

Other contributory causes of importance:
None.

Name of operation None — Date of
What test confirmed diagnosis? autopsy & cultures — Was there an autopsy? Yes

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) Kenneth A. Davis, M. D.
(Address) 3301 Woodland
Kansas City, 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.

WHITE PERMANENT RECORD — PHYSICIANS AS A PERMANENT RECORD

Newcomers