

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.

REC'D MAR 23 1938

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

Do not use this space.

7731

**1. PLACE OF DEATH**

County Perry Registration District No. 660 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 4396 Registered No. \_\_\_\_\_  
 City Perryville Mo. No. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>John C. Papp</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2 1859</u>				
7. AGE YEARS <u>79</u>	MONTHS <u>1</u>	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retiree</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House wife</u>			
	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) <u>Perry Co Mo</u>				
FATHER	13. NAME <u>Jules Demuzet</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>			
MOTHER	15. MAIDEN NAME <u>Meline Callier</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>			
17. INFORMANT <u>Mrs. Stady Brown</u> (ADDRESS) <u>Perryville Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Hope</u> DATE <u>Feb 21 1938</u>				
19. UNDERTAKER <u>Yates &amp; Sons</u> (ADDRESS) <u>Perryville Mo</u>				
20. FILED <u>Feb 19 1938</u> <u>Joe J. Zoller</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 8th 1938 to Feb 18th 1938  
 I last saw her... alive on Feb 15th 1938. Death is said to have occurred on the date stated above, at 11:00 A.M.  
 The principal cause of death and related causes of importance were as follows:  
L. S. Lippe or some other  
11:00

Other contributory causes of importance:  
Chlorine gas of old age,

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. H. Parks M. D.  
 (Address) Perryville Mo.

545

Embalmed by Edward L. Yancy

NO. 2138