

REC'D MAY 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County JeffersonRegistration District No. 421Township St. LouisPrimary Registration District No. 4249City St. Louis (No.)St. Ward 2. FULL NAME Perry S. McFee(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

3. SEX M4. COLOR OR RACE Negro5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4-1851

7. AGE

YEARS 87MONTHS 7DAYS 17

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. 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 1912. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT Bessie Brown(ADDRESS) St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount ZionDATE 5/3193819. UNDERTAKER Lindhard Co.(ADDRESS) St. Louis Mo20. FILED Apr 30, 1938J. E. Rutledge

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29 193822. I HEREBY CERTIFY, That I attended deceased from Apr. 29, 1938, to Apr. 29, 1938I last saw him alive on Apr. 29, 1938. Death is saidto have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute NephritisUnknownOther contributory causes of importance: 130Senile debilityName 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. E. Rutledge

, M. D.

(Address) St. Louis, 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.

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