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 JUL 11 1938

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

21956
Do not use this space.

1. PLACE OF DEATH
(a) County Henry
(b) Township
(c) City Windsor
Registration District No. 14
Primary Registration District No. 4211
Registered No. 15
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Dora Green Perry
(a) Residence, No. 600 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. W. Perry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1859
7. AGE: Years 79 | Months 4 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home maker
9. Industry or business in which work was done, as 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) Nashville (STATE OR COUNTRY) Tennessee

FATHER
13. NAME Mr. Green
14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Miss Doyle
16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

17. INFORMANT Elwood Crissey
(ADDRESS) New York City, N. Y.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor, Mo DATE June 26, 1938
19. FUNERAL DIRECTOR (NAME) Huston-Turner
(ADDRESS) Windsor, Missouri
20. FILED June 25, 1938 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938, to June 23, 1938
I last saw h. alive on June 23, 1938. Death is said to have occurred on the date stated above, at 11:20 p m
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6-19-38
[redacted]	
Hypostatic on	
Bilateral Pneumonia	6-19-38

Other contributory causes of importance:

Paralysis of Speech Center	1932
Chronic Nephritis	1935

Name of operation 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? 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) [signature], M. D.
(Address) Windsor, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Elbert H. Hinton, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Elbert H. Hinton

Licensed Embalmer No. 3391

P. O. Address Windsor, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.