

DEC'D SEP 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH28559
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 129
 (b) Township Lawrel Primary Registration District No. 5180 Registered No. 11
 (c) City (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

Doris Marie Perr 60-0
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF husband
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 12th, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
No No 5
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 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) Keely Landing (P.O.) Mo.
 FATHER
 13. NAME Herbert Gustav Perr
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Wells Mo.
 MOTHER
 15. MAIDEN NAME Viola Sylvia Huttigger
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Wells Mo.
 17. INFORMANT Herbert J. Perr
 (ADDRESS) Keely hdy., Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Wells Mo. DATE Aug 18-1938
 19. FUNERAL DIRECTOR Gred Kahbert
 (ADDRESS) New Wells Mo.
 20. FILED Aug 12, 1938 F. J. Schorn
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17th, 1938
 22. I HEREBY CERTIFY, That I attended deceased from August 12th, 1938, to August 17th, 1938
 I last saw her alive on August 17th, 1938 Death is said to have occurred on the date stated above, at 2:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Edema
convulsions
161A
 Date of onset 5 Days
3 days
 Other contributory causes of importance:
 Name of operation None Date of
 What test confirmed diagnosis? P. Ex 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 Meridene Fischer, M. D.
 (Signed) Meridene Fischer, M. D.
 (Address) Altamburg, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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