

REC'D SEP 9 1938

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

29551
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 592
 (b) Township Montgomery Primary Registration District No. 5790 Registered No. 20
 (c) City Montgomery (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred Life mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David G. Peery (607)

(a) Residence, No. Montgomery City Mo R.F.P. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/12/38 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1938, to Aug 12, 1938
 I last saw him live on Aug 6, 1938. Death is said to have occurred on the date stated above, at 9:55 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/17/1856

7. AGE YEARS 82 MONTHS 3 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) 1938
 11. Total time (years) spent in this occupation _____

Anemia with Chronic Nephritis and Chronic Myocarditis
 Date of onset ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Wellsville Mo.

Other contributory causes of importance: Senility

13. NAME Albert Peery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellsville Mo.

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

15. MAIDEN NAME Mary Bishop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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.

17. INFORMANT (ADDRESS) Mrs Etta Peery Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Peery Cemetery DATE 8/14/38 1938

Manner of injury _____
 Nature of injury _____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C.W. Hopkins Montgomery City Mo

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) E. J. P. Anderson M. D.
 (Address) Montgomery City

20. FILED Aug 13 1938 Beulah Newby Local Registrar. 523

Exact statement of OCCUPATION is very important.

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, on the 13 day Aug 1955, or by _____

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

Signed [Signature]

Licensed Embalmer No. 1487

P. O. Address Montgomery, Ala

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

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