

1938 OCT 25 1938

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

32755  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
(b) Township Mason Primary Registration District No. 2029  
(c) City Hannibal (d) Street No. 602 South Main 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 William James Pergory

(a) Residence, No. 602 South Main 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Bell Pergory

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 6 19

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Hattie Bell Pergory  
602 South Main

18. BURIAL, CREMATION, OR REMOVAL PLACE New London, Mo DATE 9/30/38  
Barkley Cem.

19. FUNERAL DIRECTOR (ADDRESS) Smith Funeral Home  
HANNIBAL, Mo.

20. FILED Sept 30, 1938 W. C. Fisher  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept., 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1927 to Sept 28, 1938  
I last saw him alive on Sept 27, 1938. Death is said to have occurred on the date stated above, at 8:10 A. M.  
The principal cause of death and related causes of importance were as follows:

Myocarditis  
131  
Other contributory causes of importance:  
Arterio-sclerosis & renal disease

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no  
Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify (Signed) W. J. Haveriga, M. D.

(Address) Hannibal, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD STATE

Duct number

**STATEMENT BY LICENSED EMBALMER**

I, William Smith, Licensed Embalmer No. 1204

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

L. E.

No. 3932 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Wm M Smith*

Licensed Embalmer No. 1204

**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.)**