

RECD MAY 24 1939

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

16441
Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 908
 (b) Township Mountain Grove Primary Registration District No. 4549 Registered No. 7
 (c) City Mountain Grove (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 83 yrs. 3 mos. 12 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 657 Martha Cordelia Perry 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 Thomas Perry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 3 12

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.
 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) Wright Co. - Missouri

13. NAME John Ellis

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

15. MAIDEN NAME Annabelle Lee

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

17. INFORMANT (ADDRESS) Erma Perry
Mountain Grove - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillcrest Cemetery DATE Feb. 13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) George Stapp
Mountain Grove, Mo.

20. FILED 4-6 1939 Bennie Montgomery Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1939, to Feb 12 1939. I last saw her alive on Feb 11 1939. Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:
Fly & Bronchial Pneumonia

Other contributory causes of importance: IIA

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) R. K. Ryan M. D.
 (Address) 1014 Grove St

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1041

Date Filed MAY 8 1939

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,

George Stoff

or by

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

Signed

George Stoff

Licensed Embalmer No. 3101

P. O. Address _____

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.)

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