REC'D SEP 21 1939

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

29998
Do not use this space.

1. PLACE OF DEATH
(a) County Ralls. Registration District No. 727
(b) Township Primary Registration District No. 4433 Registered No.
(c) City Perry, Mo. (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 30 yrs. 1 mos. 23 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Deckerd.
(a) Residence, No. Perry, Missouri. 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): Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feburary, 17, 1851

7. AGE: Years 88 Months 6 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework.
9. Industry or business in which work was done, as saw mill, bank, etc. Home.
10. Date deceased last worked at this occupation (month and year) Aug, 1, 1939
11. Total time (years) spent in this occupation all.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macomb, Illinois.

FATHER
13. NAME George A. Deckerd.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER
15. MAIDEN NAME Hanna Horton.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

17. INFORMANT (ADDRESS) Alice Deckerd. Perry, Missouri.

18. BURIAL, CREMATION, ETC. PLACE Wolf Cemetery. DATE Aug. 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clyde C. Wilkey Perry, Missouri.

20. FILED Aug. 27, 1939 Clyde C. Wilkey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1939.

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1939, to Aug 25, 1939
I last saw her alive on July 18, 1939. Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset unknown

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Other contributory causes of importance:

Name of operation Exploratory Date of
What test confirmed diagnosis? Physical 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) John E. Brown, M. D.
(Address) Perry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

BOM-1-12-38 I X14628

RECEIVED
District Health Officer No. 10
District File Number 9-39-1679
Date Filed SEP 16 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, ...

Clyde C. Wilkey., or by .....,

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

Signed Clyde C. Wilkey

Licensed Embalmer No. 38200

P. O. Address Perry, Missouri.

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.