REC'D OCT 12 1939

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

31877
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHAN
(b) Township
(c) or City ST. JOSEPH
Registration District No. 85
Primary Registration District No. 1001
Registered No. 918
(d) Street No. MERCY Hosp. 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 6 yrs. 5 mos. / ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

11
5
7

2. PRINT FULL NAME MELVIN PERRYMAN
(a) Residence, No. St. NETTLETON, MO
(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: 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 COLEEN PERRYMAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 6, 1902
7. AGE: YEARS 37 | MONTHS 5 | DAYS 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CALDWELL CO. MISSOURI

FATHER
13. NAME JOHN A. PERRYMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NORTH CAROLINA

MOTHER
15. MAIDEN NAME IDA J. WINSCOTT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OKLAHOMA

17. INFORMANT (ADDRESS) RAY A. PERRYMAN NETTLETON, MO.
18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE BRECKENRIDGE MO. DATE SEPT. 6 1939
19. FUNERAL DIRECTOR (NAME) T.F. McPEEK
(ADDRESS) BRECKENRIDGE MO.
20. FILED Sept. 6, 1939 H.J. Westbrook M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1939 to Sept 6, 1939
I last saw h. alive on Sept 5, 1939. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
abscessed appendix	

Other contributory causes of importance:

Name of operation Appendectomy Date of Sept 7 39
What test confirmed diagnosis? Clinical 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) O.L. Weed M.D.
(Address) Bonnefeld Mo

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.

(Licensed Embalmer's Statement on Reverse Side)

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, or by Ernest McPeek, Registered Apprentice No. [redacted] working under my personal supervision.

Signed Ernest McPeek

Licensed Embalmer No. 3713

P. O. Address Breckenridge Mo

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

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