FILED MAR 7 - 1940

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

7176
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence — Registration District No. 470

(b) Township North Mt Vernon 3 — Primary Registration District No. 5633 — Registered No. 13

(c) ~~City~~ or Mt. Vernon — (d) Street No. Missouri State Sanatorium 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.

600

2. PRINT FULL NAME Mary Perry

(a) Residence, No. Webster Groves, Mo 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Black	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Claude Perry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 2, 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	36	0	6	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Groves, Missouri 0

FATHER
13. NAME: Frank Lowe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown 9

MOTHER
15. MAIDEN NAME: Perley Love
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Mississippi 1

17. INFORMANT (ADDRESS): E. McMichael, Record Clerk, Missouri State Sanatorium

18. ~~BURIAL, CREMATION~~, OR REMOVAL — PLACE Webster Groves Mo DATE Feby 8 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Orr & Co, Mt Vernon Mo

20. FILED Feb. 7, 1940 P. A. Hohner, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1940 X19

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1939, to Feb. 7, 1940 ~~19~~
I last saw her alive on Feb. 7, 1940 Death is said to have occurred on the date stated above, at 1:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1938

Other contributory causes of importance: 23
Tuberculous laryngitis

Name of operation ..... Date of .....
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? .....
If so, specify .....
(Signed) Maurice L. Jones, M. D.
421 (Address) Mt Vernon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

SOM-9-19-38 1 X16605

RECEIVED
District Health Officer No. 6,
District File Number 340-653
Date Filed MAR 6 1940

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed George B Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon Mo

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.