

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

Do not use this space.

21751

= 2900

1. PLACE OF DEATH

County Jackson
Township Rain
City Kansas City (No. 3300 E 62nd St)

Registration District No. 1002

Primary Registration District No. _____

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Mrs Agnes M. Perce
(a) Residence. No. 3300 E 62nd St., 10 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 20th 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 4 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

10. NAME OF FATHER Hugh Solomon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Ellen Cury

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT James H. Perce
(Address) 3300 East 62nd St

15. FILED 7/2, 19 29 Mm. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/29/29 19 29

17. I HEREBY CERTIFY, That I attended deceased from 6-25 1928 to 6-29 1929 that I last saw him alive on 6-20 1929 and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lymphadenoma of Cervical Glands. Arteriosclerosis Rheumatism
(duration) 1 yrs. 4 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Lymphadenoma & Rheumatism
(duration) 1 yrs. 4 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF 3-14-29

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Pathological Findings

(Signed) D. A. Mabry M. D.

7/2, 19 29 (Address) 1700 Summit

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St Marys Cem 7/3/29 19 29

20. UNDERTAKER ADDRESS

H. J. Mayberry Ks City Mo

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.

235
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8

Let it be known
that I am