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.

2841 MAR 16 1936

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

Do not use this space.

85

4613

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 157

City: St. Joseph (No. STATE Hospital #2, St. Ward)

2. FULL NAME: Arthur Perry

(a) Residence, No. 322 S 6th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	53	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SELF

10. Date deceased last worked at this occupation (month and year) UNKNOWN — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) COUNTY UNKNOWN

FATHER

13. NAME James Allen Perry

14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) COUNTY UNKNOWN

MOTHER

15. MAIDEN NAME Sarah Elizabeth Beekman

16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) COUNTY UNKNOWN

17. INFORMANT State Hospital #2 Records (ADDRESS) ST. JOSEPH, MISSOURI.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound City Mo DATE 2/5 1936

19. UNDERTAKER Fleeman & Sons Inc. (ADDRESS) St. Joseph Mo.

20. FILED 2-7- 1936 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1935, to February 5, 1936

I last saw him alive on February 5, 1936 Death is said to have occurred on the date stated above, at 5:05P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	prior to Nov. 2, '35

Other contributory causes of importance:

Central nervous system syphilis	prior to 7-19-35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) Dr. Clifton Smith, M. D.

(Address) State Hosp #2 St Joseph Mo