

REC'D JUN 22 1938

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

Do not use this space.

1. PLACE OF DEATHCounty SalineRegistration District No. 798File No. 19627

Township

Primary Registration District No. 60880

Registered No.

City Nelson, Mo

St.

Ward)

2. FULL NAME Mose H. Perry(a) Residence, No. Nelson, Mo

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS**MEDICAL CERTIFICATE OF DEATH****3. SEX**Male**4. COLOR OR RACE**White**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**Widowed**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Sarah E. Terry**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**Feb 15, 1852**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8637**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**Farmer**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.****10. Date deceased last worked at this occupation (month and year)**1926**11. Total time (years) spent in this occupation**50 yrs**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Sacramento Va**13. NAME**Hughes Terry**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Virginia**15. MAIDEN NAME**Mary Collins**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Virginia**17. INFORMANT (ADDRESS)**Mrs. Agnes Spink
Empas City, Mo**18. BURIAL, CREMATION, OR REMOVAL**PLACE New Cem, Fayette DATE May 24, 1938**19. UNDERTAKER (ADDRESS)**Duane Ewing
Sedalia, Mo**20. FILED**June 18, 1938O. R. Chivell
Registrar.**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**May 22, 1938**22. I HEREBY CERTIFY, That I attended deceased from**June 5, 1937, to May 22, 1938I last saw him alive on May 22, 1938. Death is saidto have occurred on the date stated above, at 1:40 pm.

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

Broncho pneumonia
Senility

Date of onset

Other contributory causes of importance:107 W**Name of operation**

Date of

What test confirmed diagnosis?

Was there an autopsy?

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) R. W. Stanger, M. D.(Address) Nelson Mo710

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

