

JUL 11 1939

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

21549  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. 85  
 (b) Township Washington Primary Registration District 1001 Registered No. 579  
 (c) City St. Joseph Mo. (d) Street No. 2160 1/2 Methodist Wch. 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.

2. PRINT FULL NAME George E. Perry  
 (a) Residence, No. 1 St.  R F D # 1 St Joseph 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 Leilah Perry  
 - (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31st. 1985

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
34 0 5

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer employed  
 9. Industry or business in which work was done, as saw mill, bank, etc. Interstate Nurseries  
 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) St Joseph Missouri

FATHER  
 13. NAME Harry M. Perry  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER  
 15. MAIDEN NAME Nancy Murdon  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Mrs. Leilah Perry R F D #1 St Joseph Mo.

18. BURIAL, CREMATION, OR REMARKS  
 PLACE Mt. Auburn DATE June 8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. O. Sidenfaden & Son 1802 Union St Joseph Mo.

20. FILED June 6 1939 H. J. Nestlebusch  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6th. 1939.

22. I HEREBY CERTIFY, That I attended deceased from June 6th 1939 to June 6th 1939, 1939.  
 I last saw ##### on June 6th 1939. Death is said to have occurred on the date stated above, at 1:10 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Suicide by taking Poison Date of onset

Other contributory causes of importance: none

Name of operation - Date of -  
 What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Suicide Date of injury 6/6, 1939  
 Where did injury occur? Home St. Joseph Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Home  
 Manner of injury Suicide by taking Poison  
 Nature of injury ##

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify -  
 (Signed) B. W. Tadlock Coroner of M. D.  
 (Address) King Hill Bldg. St. Joseph 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.

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**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.....

Robert P. Clarkson....., Registered Apprentice No.....  
working under my personal supervision.

Signed Robert P. Clarkson.....

Licensed Embalmer No..... 4028.....

P. O. Address 1802 Union St......

**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.**