

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

25994
Do not use this space.

50 AUG 14 1939

1. PLACE OF DEATH

(a) County Jefferson ² Registration District No. 421
 (b) Township 1 Primary Registration District No. 4249
 (c) City Festus Mo. (d) Street No. _____ 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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lena Laura Perryman

(a) Residence, No. Festus Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dave Perryman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug., 3rd., 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 11 6

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradford England

FATHER 13. NAME John Scott ⁴

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England ⁴

MOTHER 15. MAIDEN NAME C. Oath ⁴

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Dave Perryman
 (ADDRESS) Festus Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus Mo. DATE 7/11/39

19. FUNERAL DIRECTOR (NAME) Duester - Vinyard
 (ADDRESS) Festus Mo.

20. FILED 7/15 1939 J. E. Rutledge, M.D.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1938, to July 9, 1939
 I last saw her alive on July 8, 1939. Death is said to have occurred on the date stated above, at 8:10 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease

Date of onset

June 4, 3

Other contributory causes of importance:

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) Clarence E. Crosby, D.O. M.D.
 (Address) 204 Main St. Festus, 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.

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,

H. S. Vinyard

, or by

Registered Apprentice No., working under my personal supervision.

Signed.....

H. S. Vinyard

Licensed Embalmer No.

3010

P. O. Address

Festus 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.