

FEB 13 1940

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

4001
Do not use this space.

1. PLACE OF DEATH
 (a) County Shelby Registration District No. 830
 (b) Township East Union Primary Registration District No. 4503 Registered No. 6
 (c) City Shelburne (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 yrs mos ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Davis Perry
 (a) Residence, No. Shelburne, 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jefferson Perry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-25-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 - 3

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. None work
 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) Mourne Co. Mo.

FATHER
 13. NAME Ed Wilson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mourne Co. Mo.

MOTHER
 15. MAIDEN NAME Lizzie Davis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mourne Co. Mo.

17. INFORMANT (ADDRESS) Bud Davis, Shelburne, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelburne Mo. DATE Jan. 30-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William Barfield, Shelburne, Mo.

20. FILED Jan 30, 1940 Ruth Jensen, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-28-1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1940 to Jan 24, 1940
 That saw her alive on Jan 24, 1940 Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Sub acute Myocarditis Date of onset Dec. 31
Cardiac rupture June 31

Other contributory causes of importance: _____

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? No
 If so, specify _____
 (Signed) H. G. Stollman, M. D.
Shelburne, Mo. (Address)

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.

(Licensed Embalmer's Statement on Reverse Side)

50M-9-19-38 I X16803

RECEIVED

District Health Officer No. 10

District File Number 2-40-413

Date Filed FEB. 12, 1940

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Henry A. Barkeler

Licensed Embalmer No. 3835

P. O. Address Osborne - 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.