

FILED FEB 14 1941

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

1588
Do not use this space.

1. PLACE OF DEATH

(a) County Atchison Registration District No. 20
(b) Township Tarkio Primary Registration District No. 4014 Registered No. 3
(c) City Tarkio (d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number) St. Mo.
(e) Length of residence in city or town where death occurred 48 yrs. mos. 0 (f) How long in U. S., if of foreign birth? yrs. mos. 0 da. 0

2. PRINT FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

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 Seabell Park
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 - 1853
7. AGE YEARS 86 MONTHS 7 DAYS 7 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Rtd Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Meat Market
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) Ohio

FATHER 13. NAME Joseph Perry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Miss M. Mary Robertson

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

17. INFORMANT (ADDRESS) Miss Lula Perry
Tarkio Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Tarkio Home Cemetery DATE Aug 9 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. M. Adkins
Tarkio Mo.

20. FILED Aug 9 1940 Chas Waugh
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 - 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Aug 6, 1940

I last saw him alive on Aug 6, 1940. Death is said to have occurred on the date stated above, at 2:15 pm.

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

Coronary thrombosis Date of onset 1934
& shock - 11/10/34

Other contributory causes of importance: 458
Senility

Name of operation Date of

What test confirmed diagnosis: Chloral 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

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) Chas Waugh M. D.

(Address) Tarkio Mo.

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.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.