

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.

98 FEB 27 1934

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

Do not use this space.

7418

1. PLACE OF DEATH

County Schuyler Registration District No. 106  
Township Prarie Primary Registration District No. 105  
City Queencity Mo. (No.       , St.        Ward       )

2. FULL NAME Elizabeth Perry

(a) Residence, No. Cuntry Home St.        Ward         
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs.        mos.        da. How long in U. S., if of foreign birth? yrs.        mos.        da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16th 1848  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
85 8 20

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairmount Mo.

13. NAME Charles Cooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Bessie Phillips

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT G. Willis Perry (ADDRESS) Queencity Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Germania Cem DATE Feb, 8 1934

19. UNDERTAKER Wm N. West (ADDRESS) Queencity Mo

20. FILED 2/8 19 34 J. J. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1934, to Feb 6 1934  
I last saw her alive on Feb 6 1934. Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Bronchial Pneumonia Date of onset Feb 5  
1934

Other contributory causes of importance: 1070

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) O. P. Green M.D.  
(Address) Queencity Mo.

