

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18886
Registrar's No. 38

Registration District No. 775 Primary Registration District No. 6020-a

1. PLACE OF DEATH
(a) County St. Francois
(b) City or town Bonne Terre Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME HARRIET EVA PERRET
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Paul Perret 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan. 21 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Roanoke Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business
MOTHER FATHER { 12. Name Unknown
18. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. A. Perret
(b) Address 11 Lake Drive, Bonne Terre Mo

17. (a) Burial (b) Date thereof May 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perret Cemetery S. E. Mo

18. (a) Signature of funeral director Perham, Fred Co
(b) Address 313 Benton, Bonne Terre Mo

19. (a) May 22, 1941 (b) N. W. Haworth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1 Rural (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1941 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 12, 1941 to May 12, 1941; that I last saw her alive on May 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic colitis ✓ Duration 3

Due to _____
Due to _____ 120 N

Other conditions Seizure
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. W. Beckler (M. D. or other) Phys.
Address Bonne Terre, Mo. Date signed 5/22/41

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 C. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Bonnet Street

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.