A. CARLISLE & CO. OF NEV. 58482

1 PLACE OF DEATH

COUNTY OF ESMERALDA

TOWN OF Gilbert

or

CITY OF .....

(No. ....., ..... St.; ..... Ward)

# NEVADA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## DUPLICATE CERTIFICATE OF DEATH

State Index No. .....

LOCAL REGISTERED NO. 66

(If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out No. 18.)

2 Full Name Madge McKenzie Perry

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced (Write the word): Married

6 DATE OF BIRTH: Aug. (Month) 22 (Day) 1881 (Year)

7 AGE: 57 yrs. 8 mos. 21 ds. If LESS than 1 day, ..... hrs., or ..... min.

8 OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Princeton, Missouri

PARENTS

10 NAME OF FATHER: Mr. Donelson

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

13a LENGTH OF RESIDENCE
At place of Death ..... years, 1 months.
In Nevada ..... years, ..... months.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harry E. Perry
(Address) Gilbert, Nevada.

15
Filed ....., 192....., ..... Subregistrar.
Filed May 30, 1939, G. J. Sylvain, Registrar or Deputy.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 13 (Day), 1939 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1939 to May 13, 1939 that I last saw her alive on May 13, 1939 and that death occurred on the date stated above at 7:33 P. M.
The CAUSE OF DEATH* was as follows:

Coronary Occlusion

..... (Duration) ..... yrs., ..... mos., ..... ds.

Contributory (Secondary) Chronic myocarditis

..... (Duration) ..... yrs., ..... mos., ..... ds.

(Signed) H. O. Valenta, M. D.
May 39 (Address) Tonopah, Nevada.

*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal

18 SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

19 PLACE OF BURIAL OR REMOVAL: Tonopah, Nevada — DATE OF BURIAL: May 16, 1939

20 UNDERTAKER: Mc F. Logan — ADDRESS: Tonopah, Nevada