

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

20831

1. PLACE OF DEATH

County Jackson
 Township East
 City St. Louis (No. 624)

Registration District No. 359Primary Registration District No. 1002File No. 2806Registered No. 2806

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. John Taylor Perkins St. _____ Ward _____
 (Usual place of abode) 1627 Charlotte (If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. If MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

46

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

10. NAME OF FATHER

Pilot Perkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14.

INFORMANT

(Address)

Jubing A. Ficklin1009 Vine St

15.

DATE

July 14, 1925

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

7-4 1925

17.

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 10:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Homicide
171 Stab Wound of Heart

CONTRIBUTORY (SECONDARY)

Internal Hemorrhage
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DEATH CERTIFIED

IN NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Edward S. Baker, M.D.7/5, 1925 (Address) 1627 E. 12th St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Don't know 7-13 1925

20. UNDERTAKER

ADDRESS

Jul. A. Ficklin 1709 Vine

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.

