

FEB 1 1928

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

Do not use this space

1829

1. PLACE OF DEATH

County Marion  
Township Mason  
City Hannibal

Registration District No. 507

Primary Registration District No. 3079

(No. 419 Bird St.)

File No. \_\_\_\_\_

Registered No. 127

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William T. Perkins

(a) Residence No. 419 Bird St. St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
 (OR) WIFE OF

Minnie M. Perkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 1855

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>73</u>	<u>0</u>	<u>14</u>	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Eagle Mills

9. BIRTHPLACE (CITY OR TOWN) Quincy Ill.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Edwin R. Perkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Vermont  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Kathrine C. Curtis 1/27, 1920 (Address)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know  
(STATE OR COUNTRY)

14. INFORMANT Mrs. W.T. Perkins  
(Address) 419 Bird St. Hannibal, Mo.

15. FILED 127 19 28 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 18 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 16 1928 to Jan 18 1928 that I last saw him \_\_\_\_\_ alive on Jan 18 1928 and that death occurred, on the date stated above, at 8:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar pneumonia  
10/1/28 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) J. J. Baum M. D.

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL 1/21 1928

20. UNDERTAKER Wm. M. Smith ADDRESS Hannibal, 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.

