

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

Do not use this space.

23855  
File No. \_\_\_\_\_  
Registered No. P 2981  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**1. PLACE OF DEATH**  
 County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 1007  
 City Kansas City (No. Old City Hospital)  
**2. FULL NAME** Flora Perkins  
 (a) Residence No. 2609 Highland St. 4 Ward. \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_ (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** Female **4. COLOR OR RACE** Colored **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Unknown  
**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Unknown  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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**16. DATE OF DEATH** (MONTH, DAY AND YEAR) July 10 1928  
**17. I HEREBY CERTIFY**, That I attended deceased from 7-1-1928, to 7-10-1928, that I last saw her alive on 7-10-1928, and that death occurred, on the date stated above, at 2:15 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute nephritis

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**CONTRIBUTORY (SECONDARY)** myocarditis, Chronic  
 (duration) \_\_\_\_\_ yrs. mos. ds.  
 (duration) \_\_\_\_\_ yrs. mos. ds.

**9. BIRTHPLACE** (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

**18. WHERE WAS DISEASE CONTRACTED** \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
**DID AN OPERATION PRECEDE DEATH?** no DATE OF \_\_\_\_\_  
**WAS THERE AN AUTOPSY?** no

**10. NAME OF FATHER** Unknown

**WHAT TEST CONFIRMED DIAGNOSIS?** urinalysis  
 (Signed) Howard M. Smith, M.D.  
7/11, 1928 (Address) Old City Hospital

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Unknown

**12. MAIDEN NAME OF MOTHER** Unknown

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Unknown

\*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.

**14. INFORMANT** Grace Sellman  
 (Address) 2609 Highland Ave.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Wichita Kansas **DATE OF BURIAL** 7/11 1928

**15. FILED** 7/11 1928 M. M. Crowe REGISTRAR  
Wson

**20. UNDERTAKER** HB Moore ADDRESS 1820 E 18th

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.

