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

Do not use this space.

818

FEB 21 1929

1. PLACE OF DEATH
County: Dade — Registration District No.: 235
Township: North Morgan — Primary Registration District No.: 6290
City: Aldrich (No. ..... St. ..... Ward)

File No. .....
Registered No. 2

2. FULL NAME: Martha Louise Perkins
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. 1 mos. 25 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Gustavus Adolphus Perkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 17, 1865

7. AGE: 63 Years, 8 Months, 14 Days. If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Aldrich
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: B.H. Akin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Tennesee
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Tennesee

14. INFORMANT: Gustavus Adolphus Perkins,
(Address): Aldrich, Missouri.

15. FILED Feb 2, 1929. Morris Miller, Registrar
(Hm Russell Deputy)

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): January 31 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Jan 31, 1929, that I last saw her alive on Jan 31, 1929, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
92B Endocarditis
97B
[signature] (duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Neuritis
..... (duration) ..... yrs. 2 mos. ..... ds.

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) B B Kirby, M. D
, 19 (Address) Dadeville Mo

*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: Long Cemetery — DATE OF BURIAL: Feb. 1 1929

20. UNDERTAKER: Will Maze, Dadeville, Mo — ADDRESS

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.