24 1929

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

Do not use this space.

9803

1. PLACE OF DEATH
County Callaway — Registration District No. 105 — File No.
Township — Primary Registration District No. 4064 — Registered No. 9
City Mokane (No. ..... St. ..... Ward)

2. FULL NAME John Hyson Perkinson
(a) Residence. No. Mokane Mo St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 14 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Reeves Perkinson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep-26th 1842

7. AGE: 86 YEARS — MONTHS: 5 — DAYS: 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer 181 326
(b) General nature of industry, business, or establishment in which employed (or employer): 162
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bedford
(STATE OR COUNTRY) Kentucky

PARENTS
10. NAME OF FATHER Brooke Roberson Perkinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Mary Magdeline Webb
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Virginia

14. INFORMANT W. H. Perkinson
(Address) Mokane Mo.

15. FILED 3/28, 1929 W. H. Williamson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-24 1929

17. I HEREBY CERTIFY, That I attended deceased from March 19, 1929, to March 24, 1929 that I last saw him alive on March 24, 1929, and that death occurred, on the date stated above, at 10:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy.

1 Day (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis & Senility (duration) ..... yrs. ..... 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? None
(Signed) J. E. Farmer, M. D
, 19 (Address) Mokane 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: Pleasant Hill Cemetery — DATE OF BURIAL: 3-26 1929

20. UNDERTAKER: C. W. Musgrove — ADDRESS: Mokane, 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.