

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

Do not use this space.

20150

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City St. Louis (No. 2914) Caroline St.

File No. ....  
Registered No. 5817  
St. .... Ward)

**2. FULL NAME**

Shelma - Fay Perkins  
(a) Residence. No. .... St. 26 Ward. ....  
(Usual place of abode)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
4 yrs. 10 min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Infant Child  
(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) St. Louis Mo

10. NAME OF FATHER Mr. J. Perkins

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

12. MAIDEN NAME OF MOTHER Josie Meyers

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

14. INFORMANT Mr. J. Perkins  
(Address) 2414 - Caroline St

15. MAY 27 1929 FILED 19 Caroline St REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25 1929

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1929 to May 25, 1929 that I last saw her alive on May 25, 1929, and that death occurred, on the date stated above, at 2:30 P m.

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

Premature birth  
159 (duration) yrs. mos. ds.  
13 (duration) yrs. mos. ds.  
161A (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT A PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. Walser, M. D.  
, 19 (Address) 7904 Park Ave

\*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**

DATE OF BURIAL

Tuterville Ind May 27 1929

**20. UNDERTAKER**

ADDRESS

Edw. H. Howard 3226 Park Ave

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.

