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

Do not use this space.

1438

File No. 430

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kan
City Kansas City (No. 1305 Forest St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Patsy Mae Perkins
(a) Residence. No. 1305 Forest St., 2 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 2, 1930

7. AGE YEARS MONTHS DAYS 27 If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) KC
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Cecil E Perkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Ada Fields
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT Cecil E Perkins
(Address) 1305 Forest

15. FILED Jan 29, 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1930, to Jan. 29, 1930 that I last saw h..... alive on ....., 19.... and that death occurred, on the date stated above, at 12:10 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dysentery and Enteritis
16C
(duration) ....yrs. ....mos. 5 ds.
CONTRIBUTORY (SECONDARY) Nephritis, Acute
(duration) ....yrs. ....mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Annie G. Hedges M.D.
Jan. 29, 1930 (Address) 3627 Garfield

*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 Oregon Mo
DATE OF BURIAL Jan. 30, 1930

20. UNDERTAKER Mrs C. L. Fowler
ADDRESS City

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.

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3627 Garfield