

SEP 21 1930

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

Do not use this space.

25809

22

1. PLACE OF DEATH

County Madison

Registration District No. 79

Township Saline

Primary Registration District No. 53036

City No. Raymond Clayton Perkins

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence. No. Raymond Clayton Perkins St. 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

male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

June 6th 1916

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. or min.

18

2

17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(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)

Boone Co., Mo.

10. NAME OF FATHER

Henry H Perkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Boone Co., Mo.

12. MAIDEN NAME OF MOTHER

Mamie Calvert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Boone Co., Mo.

14.

INFORMANT

(Address)

H. H. Perkins
Centralia, Mo. R#4

15.

FILED

8/25 1930

E. N. Bentley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 23rd 1930

17.

I HEREBY CERTIFY, That I attended deceased from Aug 9th 1930 to Aug 23rd 1930, and that I last saw him alive on Aug 22nd 1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid fever

(duration) yrs. mos. 24 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. 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

(Signed) S. S. Farmer M. D.

Aug 24 1930 (Address) Centralia, 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

DATE OF BURIAL

Oakland Church Cem Aug 25 1930

20. UNDERTAKER

ADDRESS

M. J. McDonald Centralia, 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.

RECORD

