

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

File No. 34339

Township.....

Primary Registration District No. 1002

Registered No. 9692

City St. Louis (No. Missouri Baptist Hosp)

Ward 12

St. St. Louis Co. Mo. (If nonresident give city or town and State) Ward

2. FULL NAME

(a) Residence, No. 7525 Buckingham Dr. (Usual place of abode)

Clara W. G. Perkins

Ward 12 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

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

Female

white

married

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

Harry F. Perkins

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

Feb 17 - 1898

7. AGE

| YEARS | MONTHS | DAYS | At LESS than 1 day, hrs. or min. |
|-----------|----------|-----------|----------------------------------|
| <u>35</u> | <u>7</u> | <u>23</u> | |

8. OCCUPATION OF DECEASED

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

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Pittsburgh Pa.

(STATE OR COUNTRY)

10. NAME OF FATHER

Unknown Graham

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14. INFORMANT Dr. Harry F. Perkins

(Address) 7525 Buckingham

15. FILED 1 19 Mar 6 Starkloff REGISTRAR

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10 - 1930

17. I HEREBY CERTIFY, That I attended deceased from October 9, 1930 to October 10, 1930 that I last saw h. or alive on October 9, 1930, and that death occurred, on the date stated above, at 125 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis

CONTRIBUTORY (SECONDARY)

Peritonitis and intestinal obstruction (duration) yrs. mos. ds. 5

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: at home

DID AN OPERATION PRECEDE DEATH? yes DATE OF October 4 - 1930

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? obstruction & peritonitis

(Signed) W. A. H. Frazer M. D.

October 10, 1930 (Address) 701 Century Bldg

*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

Oak Grove Bur DATE OF BURIAL 10-11-1930

20. UNDERTAKER

Ch. Lupton ADDRESS 4449 Olive

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION if very important.

Chestnut 7503