

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

Do not use this space.

29076

**1. PLACE OF DEATH**

County Phelps  
Township Rolla  
City Rolla

Registration District No. 677  
Primary Registration District No. 4403

File No. \_\_\_\_\_  
Registered No. 78  
St. \_\_\_\_\_ Ward)

**2. FULL NAME** James I. Perkins

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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. (If nonresident, give city or town and State)

**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 Virginia Perkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4, 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	82	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Dont Know  
(STATE OR COUNTRY)

FATHER

13. NAME J. D. Perkins

14. BIRTHPLACE (CITY OR TOWN) Dont Know  
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Sarah Perkins

16. BIRTHPLACE (CITY OR TOWN) Tenn  
(STATE OR COUNTRY)

17. INFORMANT Oliver Perkins  
(ADDRESS) Bland

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Canaan Cem DATE Aug 9 1931

19. UNDERTAKER Neill & Sibley  
(ADDRESS) Rolla, Mo.

20. FILED Aug 8 1931 Jos. F. Ayers  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1931

22. I HEREBY CERTIFY, That I attended deceased from July 31 1931 to Aug 7 1931  
I last saw him alive on Aug 7 1931 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Mitral regurgitation Date of onset \_\_\_\_\_

92A

92A

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_

(Signed) Dr. J. M. Taylor M. D.  
(Address) Rolla, 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.

SEP 25 1931

STATE BOARD OF HEALTH, WITH UNFADING INK—THIS IS A PERMANENT RECORD

