

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

Do not use this space.

5814

1. PLACE OF DEATH,

89 County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond R.F.D. (No. 5776) St. _____ Ward _____

File No. _____
 Registered No. 11
 St. _____ Ward _____

2. FULL NAME Minnie Ethel Perkins

(a) Residence. No. _____ 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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Give the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12 1881

7. AGE 50 YEARS MONTHS 7 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) 235
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY) _____

10. NAME OF FATHER John L. Seek

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

12. MAIDEN NAME OF MOTHER Anna Lee

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

14. INFORMANT Mr. S. P. Perkins
 (Address) Richmond Mo. R.F.D.

15. FILED 2-9-32 E. E. Gay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 8 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 1931 to Feb 8 1932 that I last saw her alive on Feb 9 1932, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of right Breast
metastasis to right lung

CONTRIBUTORY (SECONDARY) metastasis to right lung (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical findings
 (Signed) Harry Herbert Taylor M. D.

Feb. 8, 1932 (Address) Richmond 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 Crowley Cem. Richmond Mo.

DATE OF BURIAL 2-8-32 19

20. UNDERTAKER E. M. Joiner

ADDRESS Richmond 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.

FEB 25 1932

WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD

