

Do not use this space.

1. PLACE OF DEATH

72 County New Madrid Registration District No. 55 File No. 9
Township Anderson Primary Registration District No. 1033 Registered No. 978
City (No. 6262 St. Ward)

2. FULL NAME

(a) Residence, No. (Usual place of abode)				Ward.				(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
Gelle Adkins		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
Mar 11 1866		
7. AGE	YEARS	MONTHS
66	4	4
		DAYS
		4
		if LESS than 1 day, ... hrs.
		or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	Ferremer	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	-	
OCCUPATION	10. Date deceased last worked at this occupation (month and year)	
	L	
	11. Total time (years) spent in this occupation	
	53	

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Groom		2
FATHER	13. NAME	Wilford Perkins	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Groom	
MOTHER	15. MAIDEN NAME	Cherry	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Groom	
	17. INFORMANT (ADDRESS)	Cherry Perkins	
	18. BURIAL, CREMATION, OR REMOVAL PLACE DATE	Stangfield 7-16 19	
	19. UNDERTAKER (ADDRESS)	Geo. Clark Lidson	
	20. FILED	Aug 10 1937 M.V. Meyers	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-6-1932, to 7-13-1932, I last saw him alive on 7-13-1932. Death is said to have occurred on the date stated above, at 11:45 P.M. The principal cause of death and related causes of importance were as follows:

Car accident.
Stomach and abdominal
wounds

Date of onset

-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) Geo Fulkerson....., M. D.
(Address) Wilson MO

WRITE PLAINLY WITH PERMANENT INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Aug 5 1921

CAJ BE C
4. B --Bayer

at: may be
be: may be

re stated EX.
statement

NS should state
any impo-

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County New Madrid

Township Anderson

City _____

(No. _____)

Registration District No. 55-

Primary Registration District No. 6262

File No. _____

Registered No. 978

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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 M

4. COLOR OR RACE W

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

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

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)
(STATE OR COUNTRY)

FATHER

13. NAME

MOTHER

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER
(ADDRESS)

20. FILED Aug 10 1937

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from
_____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said
to have occurred on the date stated above, at _____ m.

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

Carcinoma of stomach and b. gallbladder
metastases
cardiac
vascular
Other contributory causes of importance:
536

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) _____, M. D.

(Address) _____

Registrar

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

5-83500