

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

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.

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

Do not use this space.

37670

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 5008

City *St. Louis mo.* (No. *City Hospital 2*)

File No.

Registered No. 10357

St. Ward)

2. FULL NAME *Pendle Perkins*

(a) Residence, No. *418 So 16th St.* St., *22* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *3* 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 *Female* 4. COLOR OR RACE *Coe* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-17-* 19*32*

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

22. I HEREBY CERTIFY, That I attended deceased from *11-9-* 19*32* to *11-17-* 19*32*

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

I last saw h. *alive* on *11-17-* 19*32* Death is said to have occurred on the date stated above, at *7 a* m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *abt. 48* - - - -

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

8. Trade, profession, or particular kind of work done, as spianer, sawyer, bookkeeper, etc. *35*

Date of onset

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

234

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Pulmonary Tuberculosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*

Other contributory causes of importance:

13. NAME *unknown*

23 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *31*

Name of operation Date of What test confirmed diagnosis *the sub* Was there an autopsy? *no*

15. MAIDEN NAME *unknown*

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)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) *A Gertrude Creath City Hospital 2*

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE *Father's house* DATE *11/28th* 19*32*

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

19. UNDERTAKER (ADDRESS) *H.C. Houston 2812*

(Signed) *And Smith*, M. D.

20. FILED *NOV 23 1932* *Max E. Stamer* Registrar.

(Address) *City Hospital 2*

