

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

Do not use this space.

1. PLACE OF DEATH

County Cedar
Township Benton
City (No.)

Registration District No. 164
Primary Registration District No. 5229

5034
126

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

2. FULL NAME

Andria Aline 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/12-33

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 119

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 80

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) Juniata Spgs Mo

13. NAME Paul Perkins

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

15. MAIDEN NAME Verna Dodd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Juniata Spgs Mo

17. INFORMANT (ADDRESS) Paul Perkins
Juniata Spgs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Juniata Spgs Mo DATE 2/16 33

19. UNDERTAKER (ADDRESS) Opmitchee
Juniata Spgs Mo

20. FILED 12-24 19 33 J. M. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/16 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-12 1933 to 2-16 1933

I last saw her alive on 15, 1933 Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Infantile Eclampsia and intestinal Tension

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) J. B. Banister, M. D.
(Address) Juniata Spgs Mo
Melvin Church, Cedar
By Opmitchee

CAUSE OF DEATH IN PLAIN TERMS, SO THAT ANY BODY...

