

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

Do not use this space.

5150

1. PLACE OF DEATH

26 County Boone Registration District No. 213
3 Township Jefferson Primary Registration District No. 3114
8 City Jefferson (No. Lee Perkins) St. _____ Ward _____

File No. 48

Registered No. _____

2. FULL NAME

(a) Residence, No. 420 Russell 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 - 1933
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
— 1 7

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. Chief
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) Jefferson City, Mo

13. NAME Arthur Perkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle, Mo

15. MAIDEN NAME Lera M. Turpin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amargillo, Tex

17. INFORMANT (ADDRESS) Arthur Perkins
420 Russell

18. BURIAL, CREMATION, OR REMOVAL PLACE Amvrew DATE Get 25 33

19. UNDERTAKER (ADDRESS) Harway - Turner
Jefferson

20. FILED 3/4/ 19 33 JR Beauford
Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Get 24 33

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1933, to —, 19—

I last saw him alive on Feb 23, 1933 Death is said to have occurred on the date stated above, at 19 m.

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

Bronchopneumonia Date of onset _____

Other contributory causes of importance: inf. embolism

Name of operation _____ Date of _____

What test confirmed diagnosis? auscultation 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? Yes

If so, specify _____

(Signed) J. Bruce M. D.

(Address) Jefferson city 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.

