

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

Do not use this space.

7013

1. PLACE OF DEATH

County St. Francois
Township "
City " (No. ")

Registration District No. 773
Primary Registration District No. 6018A

File No. "
Registered No. 25
St. " Ward "

2. FULL NAME

Rachel M. Perkins
(a) Residence, No. " St. " Ward "
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. " mos. " ds. How long in U. S., if of foreign birth? " yrs. " mos. " ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward - Perkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 30 - 1850</u>		
7. AGE <u>87</u>	YEARS <u>9</u>	MONTHS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>
10. Date deceased last worked at this occupation (month and year) <u>"</u>		11. Total time (years) spent in this occupation <u>"</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Farmington, Mo.</u>		
13. NAME <u>Joel Zulman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Louise Murphy</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Co.</u>		
17. INFORMANT <u>Mrs. M. E. Hagner</u> (ADDRESS) <u>Farmington, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farmington Cemetery</u> DATE <u>Feb 24</u> 19 <u>33</u>		
19. UNDERTAKER <u>Farmington Lumber Co</u> (ADDRESS) <u>Farmington, Mo.</u>		
20. FILED <u>2-23</u> 19 <u>33</u> <u>J. Robinson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1933, to Feb. 22 1933. I last saw her alive on Feb. 22 1933. Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:
General Arteriosclerosis and mild condition
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? 4
If so, specify "
(Signed) W. H. Harrison M.D.
(Address) Farmington, 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.

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