

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

Do not use this space.

25772

**1. PLACE OF DEATH**

12 County Bethany Registration District No. 89  
Township Poplar Bluff Primary Registration District No. 2731  
City Poplar Bluff No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 141

**2. FULL NAME**

(a) Residence, No. Relaytown 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 F. 4. COLOR OR RACE W. 5. ~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dorsey Ray  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24-1909  
7. AGE YEARS 24 MONTHS 4 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Poplar Bluff Mo.

13. NAME Robert Perkins

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

15. MAIDEN NAME Sarah William

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

17. INFORMANT Dorsey Ray (ADDRESS) Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE Clark DATE 8-14 19. 33

19. UNDERTAKER Frank Wood Co (ADDRESS) Poplar Bluff Mo.

20. FILED Aug 14 1933 BY By Clark Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:15 P.M.

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

Cardiac failure Date of onset \_\_\_\_\_  
Valvular 92A  
Insignificant  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) Richard Reynolds Cowan M.D.  
(Address) Poplar Bluff Mo.

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.

SEP 28 1933

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MARGIN RESERVED FOR BINDING

V. S. NO. 2

1000

The following table shows the results of the experiments conducted on the 10th of June 1900. The first column gives the number of the experiment, the second column the number of the subject, the third column the number of the trial, the fourth column the number of the error, the fifth column the number of the correct answer, and the sixth column the number of the total number of trials.

Exp. No.	Subj. No.	Trial No.	Error No.	Correct Answer No.	Total Trials No.
1	1	1	0	1	1
1	1	2	0	1	2
1	1	3	0	1	3
1	1	4	0	1	4
1	1	5	0	1	5
1	1	6	0	1	6
1	1	7	0	1	7
1	1	8	0	1	8
1	1	9	0	1	9
1	1	10	0	1	10
1	1	11	0	1	11
1	1	12	0	1	12
1	1	13	0	1	13
1	1	14	0	1	14
1	1	15	0	1	15
1	1	16	0	1	16
1	1	17	0	1	17
1	1	18	0	1	18
1	1	19	0	1	19
1	1	20	0	1	20
1	1	21	0	1	21
1	1	22	0	1	22
1	1	23	0	1	23
1	1	24	0	1	24
1	1	25	0	1	25
1	1	26	0	1	26
1	1	27	0	1	27
1	1	28	0	1	28
1	1	29	0	1	29
1	1	30	0	1	30
1	1	31	0	1	31
1	1	32	0	1	32
1	1	33	0	1	33
1	1	34	0	1	34
1	1	35	0	1	35
1	1	36	0	1	36
1	1	37	0	1	37
1	1	38	0	1	38
1	1	39	0	1	39
1	1	40	0	1	40
1	1	41	0	1	41
1	1	42	0	1	42
1	1	43	0	1	43
1	1	44	0	1	44
1	1	45	0	1	45
1	1	46	0	1	46
1	1	47	0	1	47
1	1	48	0	1	48
1	1	49	0	1	49
1	1	50	0	1	50
1	1	51	0	1	51
1	1	52	0	1	52
1	1	53	0	1	53
1	1	54	0	1	54
1	1	55	0	1	55
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1	1	66	0	1	66
1	1	67	0	1	67
1	1	68	0	1	68
1	1	69	0	1	69
1	1	70	0	1	70
1	1	71	0	1	71
1	1	72	0	1	72
1	1	73	0	1	73
1	1	74	0	1	74
1	1	75	0	1	75
1	1	76	0	1	76
1	1	77	0	1	77
1	1	78	0	1	78
1	1	79	0	1	79
1	1	80	0	1	80
1	1	81	0	1	81
1	1	82	0	1	82
1	1	83	0	1	83
1	1	84	0	1	84
1	1	85	0	1	85
1	1	86	0	1	86
1	1	87	0	1	87
1	1	88	0	1	88
1	1	89	0	1	89
1	1	90	0	1	90
1	1	91	0	1	91
1	1	92	0	1	92
1	1	93	0	1	93
1	1	94	0	1	94
1	1	95	0	1	95
1	1	96	0	1	96
1	1	97	0	1	97
1	1	98	0	1	98
1	1	99	0	1	99
1	1	100	0	1	100