CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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

Do not use this space.

27120

1. PLACE OF DEATH

County New Madrid — Registration District No. 55 — File No. 10

Township Anderson — Primary Registration District No. 4033 — Registered No. 1060

City [illegible] (No. ..... St. ..... Ward)

2. FULL NAME Edward Perkins

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND ~~OF~~ (~~OR~~) WIFE ~~OF~~: Ethel Perkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 2 – 1888

7. AGE: YEARS 45 — MONTHS 3 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.: —
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): Ill.

FATHER

13. NAME: Steve Perkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

17. INFORMANT (ADDRESS): Wife, Gideon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Campbell Mo DATE 8/12 1933

19. UNDERTAKER (ADDRESS): Ew Landers, Campbell

20. FILED Aug 30 1933 M.V. Munnie, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12 – , 1924, to 8 – 11, 1933

I last saw him alive on 8 – 11, 1933. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

	Date of onset
[illegible]	
23 A	
93 D	

Other contributory causes of importance:

Bronchial [illegible]

Tuberculosis

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? [illegible] Date of injury [illegible], 19[illegible]
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) [illegible], M. D.

(Address) [illegible]