

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

Do not use this space.

31840

**1. PLACE OF DEATH**

County St. Louis  
Township St. Louis  
City St. Louis (No.         )

Registration District No. 791  
Primary Registration District No. 1733

File No.           
Registered No. 8601  
St.          Ward         

**2. FULL NAME**

(a) Residence, No. 2416 Wheeler St. 11 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 male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 6 13

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

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) Tray Missouri

13. NAME Marshall Perkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Martha Williams

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

17. INFORMANT (ADDRESS) Jessie Chapman 2416 Wheeler

18. BURIAL, CREMATION, OR REMOVAL PLACE Grainfield DATE 10/4

19. UNDERTAKER (ADDRESS) A. Russell and Co. 9732 Pine St.

20. FILE NO. Oct - 3 1933 J. F. Beebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30 19 33

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1933 to Sept. 30, 1933  
I last saw him alive on Sept. 29, 1933 Death is said to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Valvular disease of the endocarditis Date of onset 5

Other contributory causes of importance:         

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO 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? NO  
If so, specify         

(Signed) W. D. Jennings, M. D.  
(Address) 410 Washington Blvd.

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.

NOV 10 1933

OCCUPATION  
FATHER  
MOTHER

