

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.

JAN 26 1934

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

Do not use this space.

42072

1. PLACE OF DEATH

County
Township
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 11126
St. Ward)

2. FULL NAME

(a) Residence No. Jeff Perkins
(Usual place of abode) 3529 Clark Ave. St. 18 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 <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 5, 1862</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>0</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	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) Mo.

FATHER 13. NAME Slave Perkins

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Winnie Brown

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

17. INFORMANT Cora Littlejohn
(ADDRESS) 2232 Dayton St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Jackson DATE 12/27 1933

19. UNDERTAKER R. M. C. Green
(ADDRESS) 2047 Pacific Ave.

20. FILED DEC 27 1933
J. Brebeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/20 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1933 to Dec. 20 1933
I last saw him alive on Dec. 19, 1933 Death is said to have occurred on the date stated above, at 3:07 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis 9-15-33
93 C
97
Other contributory causes of importance:
Arterio Sclerosis

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?
If so, specify W. H. H. Clark M. D.
(Signed) W. H. H. Clark
(Address) 1014 N. Vandeventer

