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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH —

County ..... Registration District No. 791 1003 File No. 6770

Township ..... Primary Registration District No. ..... Registered No. 1621

City St Louis (No. En Route to City Hosp St. ..... Ward)

2. FULL NAME William Claiborne Perkins

(a) Residence, No. 7348 Lanham Ethel A. Richmond Hts. Mo.
(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. NR How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22-1869

7. AGE YEARS 65 MONTHS — DAYS 23 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Walker Loan Co

10. Date deceased last worked at this occupation (month and year) Feb 14-1934

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tennessee

FATHER

13. NAME John Black Perkins

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

MOTHER

15. MAIDEN NAME Anna Eliza Jackson

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

17. INFORMANT (ADDRESS) William C Oakim Jr. 7348 Lanham

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill DATE Feb 16 1934

19. UNDERTAKER (ADDRESS) Parker Lund Co Webster Grove Mo

20. FILED FEB 1 1934 19 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

No phy in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1934

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 10:30 a m.

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

| | Date of onset |
|---|---|
| Chr. Myocarditis | |
| Chr. Interstitial Nephritis | |

Other contributory causes of importance:

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Name of operation 4 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) Harold [illegible] M.D.

(Address) Dep. Coroner

2/15/34

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