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.

MAR 24 1934

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

Do not use this space.

7497

File No.
Registered No.

1. PLACE OF DEATH

County: Stone.
Registration District No.: 1033.
Township: White River.
Primary Registration District No.: 6267.
City (No. ..., St. ..., Ward)

2. FULL NAME Dewitt Charles Perkins.

(a) Residence, No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male.	White.	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1858.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	75	2	25	

OCCUPATION

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

FATHER

13. NAME Charles Perkins.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "Unknown".

MOTHER

15. MAIDEN NAME Annette Ruth Perdu.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "Unknown".

17. INFORMANT Dory Goodall.
(ADDRESS) Sammylane, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Goodall Cemetery DATE Feb. 6, 1934

19. UNDERTAKER Ray Pinkley
(ADDRESS) Sammylane Mo

20. FILED Feb 1934 Chester D. Scott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1933, to Feb. 5, 1934
I last saw him alive on Feb. 2, 1934. Death is said to have occurred on the date stated above, at 1:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis and enlargement of the prostate gland.	
1328	
137	

Other contributory causes of importance:

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

(Signed) O. E. Miller, M. D.
(Address) Blue Eye, Missouri.