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.

MAY 25 1934

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

Do not use this space.

12879

1627

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 1627
Township Kan — Primary Registration District No. — Registered No.
City K. C. Mo (No. St. Joseph Hos. St. Ward)

2. FULL NAME Charles B. Perkins
(a) Residence, No. St., Ward. Richmond 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. 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 Florence Perkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) do not know
7. AGE YEARS about 45 MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
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) 4/10/34
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do not know

FATHER
13. NAME do not know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER
15. MAIDEN NAME do not know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know.

17. INFORMANT (ADDRESS) Florence Perkins Richmond Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Richmond Mo DATE 4/12/34
19. UNDERTAKER (ADDRESS) C. M. Jonier Richmond Mo
20. FILED 4-10, 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/10/34, 19
22. I HEREBY CERTIFY that I attended deceased from 4/10/34, 19 to , 19
I last saw alive on 4/10/34, 19 Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of the head.	

Other contributory causes of importance: No

Name of operation Autopsy Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Suicide Date of injury 4/10/34, 19
Where did injury occur? Richmond Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Business shop
Nature of injury Shot Self in head
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) [signature]