

SEP 21 1934

(Kinney)
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 404
 Township Madison Primary Registration District No. 558
 City Madison (No. 3) Ward St. 58 Ward)

2. FULL NAME

(a) Residence, No. 2016 Belgarden 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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 2 - 1924</u>		
7. AGE YEARS <u>10</u>	MONTHS <u>4</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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 at this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
13. NAME <u>Unknown</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
15. MAIDEN NAME <u>The Marie Perbitt</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
17. INFORMANT <u>Charles D. Perbitt</u> (ADDRESS) <u>2016 Belgarden</u>
18. BURIAL, CREMATION, OR REMOVAL <u>Normal Rk</u> DATE <u>Aug 13, 1934</u>
19. UNDERTAKER <u>Wm. H. Bentley</u> (ADDRESS) <u>419 S. East St.</u>
20. FILED <u>8-11-</u> 19 <u>34</u> <u>Jess R. Hussey</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
July 28, 1934

22. I HEREBY CERTIFY that I attended deceased from 1934 to 1934.
 I last saw deceased alive on July 28, 1934. Death is said to have occurred on the date stated above at m.
 The principal cause of death and related causes of importance were as follows:
Accidental Drowning Date of onset 1934
in Blue Big Blue River
(near public swimming pool)
 Other contributory causes of importance:
183
1934
 Name of operation Autopsy Date of July 28, 1934
 What test confirmed diagnosis Autopsy Was there an autopsy Yes
 23. If death was due to external causes, please fill in also the following:
 Accident, suicide, or homicide Accidental Nature of injury Drowning
 Where did injury occur Blue Big Blue River Specify city or town, county, and State.
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Swimming
 Nature of injury Drowning
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify No
 (Signed) [Signature], M. D.
 (Address) [Signature]

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.

WRITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

