hlk

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

OCT 11 1934

Do not use this space.

32276

1. PLACE OF DEATH

County Clay — Registration District No. 198

Township Fishing River — Primary Registration District No. 9011

City Excelsior Springs, Mo. Veterans Hosp. (No. St. 3rd Ward)

File No. 115

Registered No.

2. FULL NAME PERKINS, Bud

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. St. 1025 N. Vandeventer Ward. (Usual place of abode) St. Louis, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE colored

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF married -Emma Perkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
58	9	2	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) unknown

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

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

FATHER

13. NAME Solomon Perkins

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Veteran Facility records, Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis Mo. DATE 9-26-1934

19. UNDERTAKER (ADDRESS) Herbert Hope, Excelsior Springs, Mo.

20. FILED 9-25-34 19 Wm Rea McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1934, 19..., to September 24 1934, 19...

I last saw him alive on September 24, 1934. Death is said to have occurred on the date stated above, at 10:15 PM

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

	Date of onset
Uremia	
181	
133A	
97	

Other contributory causes of importance:

Tumor right lung, type undetermined; Chronic nephritis; prostatitis with hypertrophy & possible malignancy; Pyleo and hydro nephrosis; arterio sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? exam&obs. Was there an autopsy? yes

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) H. C. Hardegree, M. D.

(Address) H. C. Hardegree, M. D. Excelsior Springs, Mo.

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.