

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

Do not use this space.

41788

NOV 2 2 1934

1. PLACE OF DEATH

County Webster
Township East Benton
City Fordland Mo (No. _____)

Registration District No. 898
Primary Registration District No. 6203

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME

Nancy Elizabeth Perkins (Lizzie 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 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Leander Perkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 13th 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Webster Co Mo

10. NAME OF FATHER William Sherrow

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Emeline Lea

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Webster Co Mo.

14. INFORMANT Mrs Corda Ewing (Address) Rogersville Mo.

15. FILED 11/17/34 1934 John W. Good REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11 1934

17. I HEREBY CERTIFY That I attended deceased from Apr 15 1934 to Sept 12 1934 that I last saw her alive on Sept 12 1934 and that death occurred, on the date stated above, at 2 o'clock P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of vulva
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Exhaustion
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF 4/15/34

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Robert Gynn M. D.

1712, 1934 (Address) Springfield Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Union Chappell

DATE OF BURIAL

11-12 1934

20. UNDERTAKER

Kelley Starr

ADDRESS

Fordland 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.

