

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.

FEB 25 1935

MINISTERS OF HEALTH
VITAL STATISTICS
OFFICE OF DEATH

Do not use this space. ✓

1. PLACE OF DEATH

County Jackson No. 404 File No. 5700
 Township Washington Primary Registration District No. 3538 Registered No. 4
 City Grandview (No. _____) St. _____ Ward _____

2. FULL NAME Wm J. 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 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 Mrs. Cora D. Perkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 4 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Merchant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Shoe Store
 10. Date deceased last worked at this occupation (month and year) Feb. 1917 11. Total time (years) spent in this occupation _____

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

13. NAME Wm Perkins

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

15. MAIDEN NAME Sally M. Clavahan

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

17. INFORMANT Mrs. Cora D. Perkins (ADDRESS) Grandview Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oshtemo, Iowa 2/5 1935

19. UNDERTAKER E. K. George & Sons (ADDRESS) Grandview Mo

20. FILED Feb 24 1935 JRW:agg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/3 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1934 to Feb 3 1935

I last saw him alive on Feb. 3 1935 Death is said to have occurred on the date stated above, at 5:17a.

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

Chronic Myocarditis Date of onset Feb. 1934
1934
 Other contributory causes of importance: nephritis (chronic)

Name of operation _____ Date of _____
 What test confirmed diagnosis? Swical Was there an autopsy? no

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) Jos J. Brennan M. D.
 (Address) Grandview

