

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

Do not use this space.

APR 22 1935

6217

**1. PLACE OF DEATH**

County Newton Registration District No. 609  
 Township Neosho Primary Registration District No. 4363  
 City Neosho No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 160  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Chauncey Huff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 19, 1880</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>9</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>at home</u>	
	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 in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Penn.</u>		
FATHER	13. NAME <u>Nelson Perkins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Canada</u>	
MOTHER	15. MAIDEN NAME <u>Martha C. Black</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Canada</u>	
17. INFORMANT (ADDRESS) <u>F. C. Perkins Springdale Arkansas</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Neosho Mo</u> DATE <u>3-19</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Neosho Mo Corley Thompson</u>		
20. FILED <u>3-17</u> 19 <u>35</u> <u>Dr. C. M. Roseberry</u> (Address) <u>Neosho Mo</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 13<sup>th</sup> 1935 to Feb 17 1935  
 I last saw h. or alive on Feb 16 1935 Death is said

to have occurred on the date stated above, at 11:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 2/15/35

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935  
 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. Lawson, M. D.

(Address) Neosho Mo

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 PEANILY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1-3-35

2-2-35

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