

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.

JAN 20 1936

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

Do not use this space.

40672

1. PLACE OF DEATH

County Cutnum
Township Wilson
City..... (No..... St..... Ward)

Registration District No. 718
Primary Registration District No. 5948

File No.....
Registered No. 57

2. FULL NAME

Malissa Josephine Rice Perkins

(a) Residence, No..... St..... Ward.....
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Perkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 6 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) Mendota
(STATE OR COUNTRY) Cutnum, Mo

MOTHER 13. NAME Pastor Rice

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ada Spence
(ADDRESS) Missouri Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville Mo DATE Dec 27 1935

19. UNDERTAKER Cornelock Bros
(ADDRESS) Unionville Mo

20. FILED Jan 2, 1936 J. W. Gillum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 - 25, 1935 to Dec 25 - 25, 1935

I last saw him alive on Dec. 30, 1935. Death is said to have occurred on the date stated above, at 8:30 AM.

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

Pneumonia - 12/23/35

Other contributory causes of importance: Heart Disease 12/13/35

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....., 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) Mal Spence M. D.
(Address) Unionville Mo

