

FEB 20 1936

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

Do not use this space.

2556

1. PLACE OF DEATH
 County Putnam Registration District No. 718
 Township Union Primary Registration District No. 5947
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 4

2. FULL NAME Bertha Ellen 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

MEDICAL CERTIFICATE OF DEATH

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 Berry Perkins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 18 - 1879
 7. AGE YEARS 56 MONTHS 4 DAYS 29 If LESS than 1 day, _____hra. or _____min.
 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. None
 10. Date deceased last worked at this occupation (month and year) Mar 19 35
 11. Total time (years) spent in this occupation 29
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo.
 13. NAME Frank Kline
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo.
 15. MAIDEN NAME Cordelia Sumner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo.
 17. INFORMANT (ADDRESS) Berry Perkins
Unionville Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE Jun 19 36
 19. UNDERTAKER (ADDRESS) Comstock Music Co
Unionville Mo
 20. FILED Jan 30, 1936 F. W. Gillen
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1936
 22. I HEREBY CERTIFY That I attended deceased from Dec 19 1935 to Jan 17 1936
 I last saw him alive on Jan 9 1936 Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Ch. Arteriosclerotic Nephritis
 Date of onset 2
 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 _____, 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? No
 If so, specify _____
 (Signed) A. H. Johnson M. D.
 (Address) Unionville, 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.

WHITE PERMIT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

