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.

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

MAR 23 1936

Do not use this space.

6805

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No. 50
Township Mason — Primary Registration District No. 3079 — Registered No. 52
City Hannibal (No. ..., St Elizabeth Hospital St. ..... Ward)

2. FULL NAME Philip Okes Perkinson
(a) Residence, No. ..... St., ... Ward. Frankford Mo
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: x
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 10, 1936
7. AGE: YEARS — MONTHS — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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): Hannibal Missouri

FATHER
13. NAME: B. E. Perkinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mokane Missouri

MOTHER
15. MAIDEN NAME: Georgia Maurine Okes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): B. E. Perkinson Frankford, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Frankford, Mo DATE Feb 14, 1936
19. UNDERTAKER (ADDRESS): Wm M Smith 902 Bdwy, Hannibal, Mo
20. FILED Feb 14 1936 R. H. Schuster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 14, 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb-12, 1936 to Feb-14, 1936
I last saw her alive on Feb-14, 1936. Death is said to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance: Pylaric Obstruction

Name of operation ..... Date of .....
What test confirmed diagnosis? X ray Was there an autopsy? N D

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) [signature], M. D.
(Address) Hannibal Mo