

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

Do not use this space.

AUG 18 1936

791

1003

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City..... (No. in County to keep)..... St. .... Ward)

File No. **28111**  
Registered No. **6857**

2. FULL NAME

*Clarence Perkins*  
(a) Residence, No. **3145 Lucas** St. **21** 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 **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **2-5-1890**

7. AGE YEARS **46** MONTHS **5** DAYS **2** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Labor**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Porter**  
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) **St. Louis Mo.**

13. NAME **Charlie Perkins**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Spain, Ill.**

15. MAIDEN NAME **Annie Gusberry**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss.**

17. INFORMANT (ADDRESS) **Charlie Perkins 3145 Lucas**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood Cemetery** DATE **July 9, 1936**

19. UNDERTAKER (ADDRESS) **Love Washington 3103 Washington**

20. FILE NO. **7** 1936 **J. Bredek** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 3, 1936**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., 19.....  
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at **12:30 A.M.**

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

**Coronary Arteriosclerosis  
Cardiac Hypertrophy**  
Other contributory causes of importance:

Date of onset

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **L** 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 **Harold H. Blum M.D.**  
(Signed) **Harold H. Blum** (Address) **St. Louis**

