

OCT 21 1936

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

Do not use this space.

36347

1. PLACE OF DEATH

County St. LouisRegistration District No. 1170

Township

Primary Registration District No. 6248 H.City Rockwood Heights# 36 LAKE FOREST St. Ward

File No.

Registered No. 230

St. Ward

2. FULL NAME

(a) Residence, No. JAMES E. PERKINSON 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

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

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

APRIL 4 - 1862

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

74419

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

CONTRACTOR

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

St. Louis Missouri

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

Hy. PERKINSON

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

IRELAND

15. MAIDEN NAME

ANASHASA O'DONNELL

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

IRELAND

17. INFORMANT (ADDRESS)

B. G. Perkinson
36 Lake Forest

18. BURIAL, CREMATION, OR REMOVAL

PLACE

CALVARY

DATE

Sept. 9 - 1936

19. UNDERTAKER (ADDRESS)

HATHUR J. DONNELLY UND. CO.
3840 Lindell Blvd.

20. FILED

Sept. 7 1936 Sam A. Bassett

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1 1936 to Sept 6 1936I last saw him alive on Sept 5 1936. Death is saidto have occurred on the date stated above, at 8 P. m.

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

Coronary thrombosis

Date of onset

Aug 1/36

Other contributory causes of importance:

General arteriosclerosis ?myocardial changesName of operation E.K.B. Date of —What test confirmed diagnosis? E.K.B. Was there an autopsy? No

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? NoIf so, specify —(Signed) W. C. ... M. D.(Address) 1117 N. Grand

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.

1010. 51111
827141