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.

DEC 30 1936

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

Do not use this space.

File No. 41881

Registered No. 96

1. PLACE OF DEATH
County: Madison
Township: Castor
City: ..... (No. ..... St. ..... Ward)

Registration District No. 538
Primary Registration District No. 5727

2. FULL NAME: Byron Perkins
(a) Residence, No. ..... St., ... Ward. Imboden Ark
(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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Don't Know
7. AGE: Years 29 | Months ✓ | Days ✓ | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Ark

FATHER
13. NAME: Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

17. INFORMANT: Mrs. W. Newberry
(ADDRESS) Smithville Ark
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Imboden Ark DATE: Nov 22 1936
19. UNDERTAKER: Ed Noble
(ADDRESS) Fredricktown Mo
20. FILED: Nov 30 1936 S. C. Slaughter Registrar.
By C. D. Schwaner.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Did Not See this man 19.....
I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auto accident — death caused by strangulation	
Passenger in truck which overturned in ditch	

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 11/22 1936
Where did injury occur? Highway 61, Madison Co. Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Auto accident
Nature of injury: Fract across neck & head

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Manny Barron, M. D.
(Address) Fredricktown Mo
Coroner Madison Co

JAN 17 1951