

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

Do not use this space.

42010

1. PLACE OF DEATH

County San Madrid

Registration District No. 1133

Township

Primary Registration District No. 4587

City Canaan Mo. (No. _____)

File No. _____

Registered No. 15

St. _____ Ward _____

2. FULL NAME

Bobbie Louise Perkins James

(a) Residence, No. House - Mo. St. _____ Ward _____

(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 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 Paul James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 1912

7. AGE 24 YEARS 7 MONTHS 1 DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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

13. NAME Graves Perkins

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

15. MAIDEN NAME Gennie Northrup

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

17. INFORMANT (ADDRESS) Henry Puck Canaan - Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) J. Albright

20. FILED Nov 6 1936 Jas D. Koch Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1936, to Nov - 6th 1936

I last saw her alive on Nov - 6 1936 Death is said

to have occurred on the date stated above, at 9:30 p.m.

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

Pneumonia Date of onset 11-30-36

Other contributory causes of importance: Typhoid fever 11-28-36

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.

A. Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. A. Best M. D.

(Address) Canaan - Mo.

