

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.

**MAR 24 1936**

**1. PLACE OF DEATH**

County Redix Registration District No. 668 File No. 47802  
 Township St. Louis Primary Registration District No. 3037 Registered No. 97  
 City St. Louis (No. Bohwell Heights) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Unmarried</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 6, 1936</u>		
7. AGE	YEARS	MONTHS
<u>Nil born</u>	—	—
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		—
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield, Mo.</u>		
MOTHER	13. NAME <u>Clarence M. Perkey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield, Mo.</u>	
	15. MAIDEN NAME <u>Elizabeth Hill</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton, Mo.</u>	
17. INFORMANT (ADDRESS) <u>W. A. Johnson, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Clinton, Mo.</u>	<u>2/7</u>	<u>1936</u>
19. UNDERTAKER (ADDRESS) <u>Cynabus &amp; Co., Clinton, Mo.</u>		
20. FILED <u>Feb 6, 1936 Jean Slack Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, that I attended deceased from Feb. 6, 1936 to Feb. 6, 1936  
 I last saw h. \_\_\_\_\_ alive on his birth, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Prepared & digested labor.  
 Other contributory causes of importance: \_\_\_\_\_  
None

Name of operation Horsee Weir Date of \_\_\_\_\_  
 What test confirmed diagnosis? Cholera Was there an autopsy? Yes

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) W. A. Johnson, M. D.  
 (Address) Springfield, Mo.

