

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH
 114 County Wright Registration District No. 908
 Township Mountain Grove Primary Registration District No. 4549
 City Mountain Grove (No.) St. Ward)
 2. FULL NAME Zilpha Dore Perkins
 (a) Residence, No. 222 East 2nd. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 46 yrs. 4 mos. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. 17924
 Registered No. 20.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 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) Jan. 3-1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 1 20
 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housekeeping
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1937
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1937 to Feb. 22, 1937
 I last saw her alive on Feb. 22, 1937. Death is said to have occurred on the date stated above, at 7:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Heart Failure
from Lobar pneumonia
 Date of onset Feb. 1937

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co. Mo.
 13. NAME Albin Perkins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Tennessee
 15. MAIDEN NAME Virginia Boatman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taney Co. Mo.
 17. INFORMANT (ADDRESS) Madison Perkins
Cred Oklahoma
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mountain Grove DATE Feb. 25, 1937
 19. UNDERTAKER (ADDRESS) Batter F. Nune
Mountain Grove, Mo.
 20. FILED 4-31-1937 Bernie Matzinger registrar.

Other contributory causes of importance:
108
 Name of operation Date of
 What test confirmed diagnosis? auscultation 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 2
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) V.B. Anderson, D.C. M.D.
 (Address) Mountain Grove, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION
 FATHER
 MOTHER

