

SEP 24 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Putnam  
Township Lincoln  
City Mendota

Registration District No. 721  
Primary Registration District No. 5952

File No. 31539

Registered No. St. Ward

## 2. FULL NAME

Hiram Perkins

(a) Residence, No. Mendota, Mo. St. Ward.

Length of residence in city or town where death occurred 09 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## 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) June 6, 1969		
7. AGE YEARS 69	MONTHS 8	DAYS 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Clerk		11. Total time (years) spent in this occupation 5 yrs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Store		
10. Date deceased last worked at this occupation (month and year) Aug 14		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mendota, Mo		
13. NAME Mervyn Perkins		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Missouri		
15. MAIDEN NAME Christina Shepley		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee		
17. INFORMANT Mervyn Perkins (ADDRESS) Mendota, Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE Mendota Cemetery 8-18 1937		
19. UNDERTAKER Lester E. Best (ADDRESS) Cincinnati Iowa		
20. FILED 19 Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on

to have occurred on the date stated above, at 11 a.m.

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

Myocarditis

Date of onset July 5

Other contributory causes of importance:

Heat Exhaustion  
Bacteria resembling Gram  
Negative Bacillus

Name of operation History Date of  
What test confirmed diagnosis? Physical 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

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) Dr. J. C. Henson

(Address) Annapolis

D.O. Coroner



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

31539

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 721  
 (b) Township Lincoln Primary Registration District No. 395-2 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hiram Perkins

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 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) June 6 1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 8 15  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Store Clerk  
 9. Industry or business in which work was done, as saw mill, bank, etc. General Store  
 10. Date deceased last worked at this occupation (month and year) 14 11. Total time (years) spent in this occupation 5 yrs  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mendota Mo  
 FATHER 13. NAME Wesley Perkins  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Mo  
 MOTHER 15. MAIDEN NAME Christina Shipley  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee  
 17. INFORMANT Wesley Perkins  
 (ADDRESS) Mendota Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mendota Cem. DATE 8-18-1937  
 19. FUNERAL DIRECTOR Leiter E. Beat  
 (ADDRESS) Unionville Mo  
 20. FILED Nov 1 1937 S. W. Williner  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 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:

Muscarditis

Date of onset

Other contributory causes of importance:

Heart exhaustion Bacteria resembling gram negative Bacillai

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Physical Was there of 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.

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. C. Henson Cor. D. O.

(Address) Unionville Mo

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-31539