

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32408
Do not use this space.

1. PLACE OF DEATH OCT 14 1937

(a) County St. Louis, Mo. Registration District No. 791
 (b) Township St. Louis, Mo. Primary Registration District No. 1003
 (c) City St. Louis, Mo. (d) Street No. Barnes Hospital Registered No. 8462
 (e) Length of residence in city or town where death occurred yrs. 4 mos. 23 (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Daniel Louis Perkins
 (a) Residence, No. 220 Oakley Avenue St. NR Shreveport, Louisiana
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 7th 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 10th, 1886

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:25 m. A.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 51 7 27

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Geologist
 9. Industry or business in which work was done, as law mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) April 1937 11. Total time (years) spent in this occupation. 20 Yrs.

Softening and Necrosis of Brain Erosion of skull Empyema Lung Diffuse Encephalitis as a result of the shot wound of the Head inflicted by partner
 Other contributory causes of importance: unknown at Shreveport La. June 1937 time unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Havanna Kansas

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

13. NAME Charles F. Perkins 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Emma Pruett 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide homicide Date of injury Jan 1937
 Where did injury occur Shreveport Louisiana (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Frank S. Perkins (ADDRESS) 1336 W. 3rd, Florence Colorado

Manner of injury gun shot
 Nature of injury softening + necrosis of Brain

18. BURIAL, CREMATION, OR REMOVAL PLACE Florence, Col. DATE Sept. 10th 1937

19. FUNERAL DIRECTOR Albert H. Hoppe Inc. (ADDRESS) 429 N. Euclid Avenue

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) Alfred J. Perry M.D.
 (Address) Deputy Coroner

20. FILED 8 1937 19 J. Brebeck Local Registrar.

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.

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