

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.

REC'D MAR 14 1938

1. PLACE OF DEATH

County.....

Registration District No. 1003

Township.....

Primary Registration District No. 791

City St. Louis, Mo. (No. 1536 Papin St. Mary's Infirmary

File No. 5014

Registered No. 1659

2. FULL NAME Isam Perkins 625

(a) Residence, No. 2333 Clark St., Ward 22 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) — 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 — — —

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

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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

13. NAME Unknown

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

15. MAIDEN NAME Martha Bradock

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

17. INFORMANT Novan Perkins (ADDRESS) 2333 Clark Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE Feb 16 1938

19. UNDERTAKER J. W. Hughes (ADDRESS) 2620 Lawton

20. FILED

FEB 16 1938

J. E. Bradock

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10 1938

22. I HEREBY CERTIFY, That I attended deceased from February 9 1938, to February 10 1938

I last saw him alive on February 10 1938 Death is said

to have occurred on the date stated above, at 9:25 P. M.

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

Date of onset

Lobar Pneumonia
178

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? X-ray 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.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. J. Hughes, M. D.

(Address) 1536 Papin St

Em. Blank signed