WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

REC'D MAY 16 1938

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

Do not use this space.

File No. 14777

Registered No. 19

1. PLACE OF DEATH
County Howard,
Township
City Fayette, (No. , St. Ward)

Registration District No. 878
Primary Registration District No. 4222

2. FULL NAME Mrs Melissa Alice Perkins,

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/5th 1847

7. AGE: YEARS 90; MONTHS 10; DAYS #; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home,
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) Missouri, 0

FATHER
13. NAME Larkin Patrick. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Elizabeth Cropp.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT (ADDRESS) Orien Perkins, Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetary, DATE 4/7th 1938, 19

19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette, Mo.

20. FILED May 8, 1938 V. C. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/5th 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-12, 1938, to 8-5, 1938
I last saw her alive on 4-5, 1938. Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Dilation of Heart — Date of onset 4-5-38

Other contributory causes of importance: Chronic Arteriosclerosis — 1930

Name of operation None Date of
What test confirmed diagnosis? Was there an 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) Wm Bloom, M. D.
339 (Address) Fayette, Mo.