REC'D JUL 11 1938

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

21332
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 81
(b) Township Primary Registration District No. 4049 Registered No. 5
(c) City DeKalb, (d) Street No. DeKalb, Missouri, 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 67 yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME [illegible] Perkins, 625
(a) Residence, No. [illegible] St.
(Usual place of abode, if no street address, write county or city) (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): Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF [illegible] Perkins,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 21, 1847

7. AGE: Years 90 | Months 8 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer,
9. Industry or business in which work was done, as saw mill, bank, etc. Farm,
10. Date deceased last worked at this occupation (month and year) June 1936,
11. Total time (years) spent in this occupation 67

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bureau County, Illinois,

FATHER
13. NAME Solomon Perkins,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

MOTHER
15. MAIDEN NAME Martha Ann King,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ohio,

17. INFORMANT Mrs John M Perkins
(ADDRESS) DeKalb, Missouri,

18. BURIAL, CREMATION, OR REMOVAL
PLACE DeKalb, Mo. Cem DATE June 26th 1938

19. FUNERAL DIRECTOR Heaton-Betzler-Baumann
(ADDRESS) St. Joseph, Mo. Funeral Home

20. FILED July 4 1938 J. W. McAdow Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25th, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 12th, 1938, to June 25, 1938
I last saw him alive on June 24, 1938. Death is said to have occurred on the date stated above, at 4:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1937

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Urine Test 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? No
If so, specify
(Signed) E. B. McAdow, M. D.
(Address) DeKalb Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Frank A. Bowman, Licensed Embalmer No. 1710

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My Self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Frank A. Bowman

Licensed Embalmer No. 1710

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)