

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 JUL 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid
Township Como
City (No. St. Ward)

Registration District No. 605
Primary Registration District No. 4359

File No. 22495
Registered No.

2. FULL NAME Mary E Perkins 625

(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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1874-5-unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 1 unknown

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Miss

13. NAME Norah Marchbanks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Virginia

15. MAIDEN NAME Unknown

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

17. INFORMANT Charley Woodard (Son)
(ADDRESS) Malden Mo, R.F.D. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Broad Water Cemetery DATE June 12 - 38

19. UNDERTAKER J. C. Kung St.
(ADDRESS) Parma Mo

20. FILED 6/11 1938 Dr. Sewpuck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 - 1938

22. I HEREBY CERTIFY, That I attended deceased from I did not attend this patient, 19 . Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:
From history and questioning relatives I find possible acute colitis

Other contributory causes of importance: 1203

Name of operation 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?
If so, specify
(Signed) , M. D.
(Address) Parma Mo
Local Registrar

