

REC'D NOV 1 1938

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

34760
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Rau Primary Registration District No. 1002 Registered No. 4096
(c) City Jackson City (d) Street No. 5647 Paces St.
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5647 Paces St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Frankie Curtis Perkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1865

7. AGE YEARS 72 MONTHS 7 DAYS 21 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Belleville (STATE OR COUNTRY) Illinois

13. NAME Constantine Perkins

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

15. MAIDEN NAME Ann Towell

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

17. INFORMANT (NAME) Mrs. Frankie M. Sloan (ADDRESS) 5647 Paces

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Oct. 21 1938

19. FUNERAL DIRECTOR (NAME) W. M. Newcomer (ADDRESS) Brushcreek & Paces

20. FILED Oct 20 1938 M. M. Crow Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19 1938

22. I HEREBY CERTIFY, That I attended deceased from 1936, 19 to Oct. 18, 1935
I last saw him alive on Oct. 18, 1935 Death is said to have occurred on the date stated above, at 9:20 A.

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

Leucemia of prostatic gland Date of onset

Other contributory causes of importance:

Name of operation Transurethral resection Date of 1936

What test confirmed diagnosis laboratory Was there an autopsy no 1937

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. home

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify J. M. Frankenburg (Signed) M. D.

(Address) 824 Briarcliff Del.

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U 3154
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *Nell Carr*

Licensed Embalmer No. *3976*

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.