

REC'D DEC 8 1938

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

39897

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid 2 Registration District No. 657
(b) Township Portage 1 Primary Registration District No. 5806 Registered No. 69
(c) City Portageville, Mo. (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 625 Nanda Jeanne Perkins
Portageville, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) Portageville
(STATE OR COUNTRY) Mo.

FATHER 13. NAME Clifford Perkins

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

MOTHER 15. MAIDEN NAME Almeta Duff

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

17. INFORMANT (ADDRESS) A. H. Duff
Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE 11-15-38

19. FUNERAL DIRECTOR (ADDRESS) M. Payne
Portageville, Mo.

20. FILED 11-16-38 Mary W. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14-38

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1938, to 11/14, 1938

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1 P m.

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

Pneumonia 11-12-38 Date of onset

Other contributory causes of importance:

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) A. A. Pender, M. D.

Portageville, Mo. (Address)

107a

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)

DEVI
EAST
PUBLIC

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

39897-7
Do not use this space.

1. PLACE OF DEATH *New Madrid*

(a) County *New Madrid* Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City (d) Street No.
 (e) Length of residence in city or town where death occurred *yr. mos. ds.* (f) How long in U. S., if of foreign birth? *yr. mos. ds.*

2. PRINT FULL NAME *Handa J. Perkins*

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *S-*
 (Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— 3 29

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 14*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Portuguese Meningitis
and pneumonia
 Date of onset

Other contributory causes of importance: *1074*

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

FATHER 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19..... Local Registrar.

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 *A. A. Reeder* (Signed) M. D.
Portageville Mo (Address)

SUPPLEMENT

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTERARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

