

REC FEB 9 1939

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

Do not use this space.

1. PLACE OF DEATH

32 County De Kalb Registration District No. 258
1 Township Washington Primary Registration District No. 4154
City Clarksdale (No.) St. Ward

File No. 2136
Registered No. 2

2. FULL NAME

(a) Residence, No. Clarksdale, Mo. St. Ward
(Usual place of abode)
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. (If nonresident, give city or town and State)

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 Charles L. Barrett Deceased
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12 - 7 - 1843
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 1 27

OCCUPATION

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

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Kentucky
13. NAME Louise Edithson
14. BIRTHPLACE (CITY OR TOWN) Do not know (STATE OR COUNTRY)
15. MAIDEN NAME Do not know
16. BIRTHPLACE (CITY OR TOWN) Do not know (STATE OR COUNTRY)
17. INFORMANT O. L. Perkins (ADDRESS) Clarksdale Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Winlaw Mo DATE Jan 5 1939
19. UNDERTAKER Shirley Perkins (ADDRESS) Clarksdale Mo
20. FILED Jan 6 1939 Mrs. C. M. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3- 1939
22. I HEREBY CERTIFY, That I attended deceased from July 1938, to 2/3/39, 19
I last saw him alive on 2/3/39, 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:
Myocardial Degeneration Date of onset 1938

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? clinical 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) O. L. Perkins M. D.
232 (Address) Clarksdale Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

