

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.

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

Do not use this space.

REC'D JAN 25 1939

3579  
5-8

**1. PLACE OF DEATH**

County Pulaski Registration District No. 711  
Township Union Primary Registration District No. 5946  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 59

**2. FULL NAME**

625 Diram Wesley Perkins  
(a) Residence, No. \_\_\_\_\_ 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 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 Susan Perkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-5-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 8 ✓

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

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 \_\_\_\_\_

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

FATHER 13. NAME Issac Perkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co. Mo

MOTHER 15. MAIDEN NAME Elizabeth Lewis

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

17. INFORMANT Susan Perkins  
(ADDRESS) Union Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE \_\_\_\_\_

19. UNDERTAKER Fred D. Gilbert  
(ADDRESS) Union Mo

20. FILED 1/6 19 39 A. S. Hill  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/5 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1938, to Jan 5, 1939

I last saw him alive on Jan 4, 1939. Death is said to have occurred on the date stated above, at 4 P.M.

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

mitral-dilatation  
108  
Other contributory causes of importance:  
Lead Poisoning

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Spec 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) A. S. Hill, M. D.  
A. S. Hill (Address) Union Mo

