

REC'D APR 7 1939

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

10730
Do not use this space.

1. PLACE OF DEATH
 (a) County Franklin 2 Registration District No. 297
 (b) Township Washington 1 Primary Registration District No. 3016 Registered No. 27
 (c) City Washington 1 (d) Street No. St. Francis Hospital 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 1 yrs. ✓ mos. ✓ ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME THOMAS BENTON PERKINS
 (a) Residence, No. 9 W. 2nd St. Washington, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Margaret Perkins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 7, 1856
 7. AGE YEARS 83 MONTHS 2 DAYS 3 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Railroading
 9. Industry or business in which work was done, as saw mill, bank, etc. Railroad
 10. Date deceased last worked at this occupation (month and year) 1923 11. Total time (years) spent in this occupation life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri
 FATHER 13. NAME John Perkins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT Mrs. Charles Waterman
 (ADDRESS) Washington, Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Canaan, Mo. DATE March 12, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Neburg & Pitt, Inc.
Washington, Missouri
 20. FILED March 11, 1939 N. A. May
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 10 1939
 22. I HEREBY CERTIFY, That I attended deceased from August 8, 1938, to March 10, 1939.
 I last saw him alive on 3/10/39, 1939. Death is said to have occurred on the date stated above, at 7:00 A. m.
 The principal cause of death and related causes of importance were as follows:
Myo-carditis & Senility
 Date of onset 9/2/31
 Other contributory causes of importance:
 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 Yes
 (Signed) [Signature] M. D.
270 (Address) Washington, Missouri

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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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,

Lester H. Vitt

....., or by

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

Signed.....

Lester H. Vitt

Licensed Embalmer No. *3254*

P. O. Address *Washington, Md*

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.