REC'D JUN 21 1939

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

19064
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence — Registration District No. 470

(b) Township Mt Vernon — Primary Registration District No. 5633 — Registered No. 70

(c) City Mt. Vernon, Mo — (d) Street No. Missouri State Sanatorium 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. 5 mos. 16 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Florence Perkins

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17, 1916

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
22	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

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) 1933

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Edwin Perkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph County Missouri

MOTHER

15. MAIDEN NAME Nellie Mae ?

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

17. INFORMANT E. McMichael, Record Clerk
(ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL
PLACE Atlanta, Mo. DATE May 4 1939

19. FUNERAL DIRECTOR (NAME) Fossett Funeral Home
(ADDRESS) Mt Vernon, Mo.

20. FILED May 4, 1939 P. A. Holmes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1939 ~~xxxx~~

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1938, to May 3, 1939 ~~xxxx~~

I last saw h~~er~~ alive on May 3, 1939. Death is said to have occurred on the date stated above, at 9:45 P. M.

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

	Date of onset
Pulmonary Tuberculosis	1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy 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) [illegible], M. D.

(Address) Mt. Vernon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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RECEIVED
District Health Officer No. 6,
District Number 6-6-39-1143
Date Filed JUN 5 1939

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, H D Forrett, or by

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

Signed H D Forrett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon Mo

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.