

REC'D SEP 14 1939

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

28465
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13
(b) Township Madawson Primary Registration District No. 4010 Registered No. 50
(c) City Savannah (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 Charles Woodman Perkins

(a) Residence, No. FARM 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 M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ 1884

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-8-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 10 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) (STATE OR COUNTRY) Savannah Mo

FATHER 13. NAME Leroy Perkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette co Iowa

MOTHER 15. MAIDEN NAME Elizabeth Eaton

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

17. INFORMANT Mrs. Ella Welter (ADDRESS) Savannah Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah Mo DATE Aug-27-1939

19. FUNERAL DIRECTOR Fred Terbrune (ADDRESS) Savannah Mo

20. FILED Aug. 26, 1939 Mrs. Jennie Padgett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1939, to Aug 24, 1939
I last saw him alive on Aug 24, 1939. Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 8-14-39

Other contributory causes of importance: 108

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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) Walter R. Kelley, M. D.
(Address) Savannah, Mo

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.

RECEIVED

District Health Officer No. 447

District File No. 939-1169

Date Filed SEP 11 1939

STATEMENT BY LICENSED EMBALMER

I, J. Fred Turburn, Licensed Embalmer No. 1279

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 J. Fred Turburn
Licensed Embalmer No. 1279

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.)