

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

28682
Do not use this space.

REC'D SEP 13 1939

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township 1
(c) City Paplar Bluff Mo (d) Street No. 3007
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 208

2. PRINT FULL NAME

(a) Residence, No. 205 Victor St Paplar Bluff Mo
(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 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 Robert Devo Perkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 2 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laundress
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) White Co Ill

FATHER 13. NAME W. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

MOTHER 15. MAIDEN NAME Anna Daniels

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

17. INFORMANT (ADDRESS) Mrs Lee Warrey R 5 Paplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Willis Cem DATE Aug 16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. T. Phelps Paplar Bluff Mo

20. FILED 8/16 1939 Obit Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1939 to Aug 14 1939
I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Chronic Myocarditis

Other contributory causes of importance:
Chronic Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) St. S. Clay, M. D.
(Address) Paplar Bluff Mo

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.

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; or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.