

REC'D SEP 20 1939

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

28972

Do not use this space.

1. PLACE OF DEATH *2*

(a) County *Cooper* Registration District No. *222*

(b) Township *Pilot Grove* Primary Registration District No. *4135*

(c) City *Pilot Grove* (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred yrs. mos. *1 yr. 30 mos.* How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *was named Infant*

(a) Residence, No. *625* *Pilot Grove* Mo.  St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*

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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug-28-1939*

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

*0 0 0 30 min.*

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_

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) *Pilot Grove Missouri*

FATHER

13. NAME *John Perkins*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pilot Grove, Missouri*

MOTHER

15. MAIDEN NAME *Annabelle Cooper*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pleasant Green Missouri*

17. INFORMANT (ADDRESS) *John Perkins*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. John Cemetery* DATE *Aug 29 1939*

19. FUNERAL DIRECTOR (ADDRESS) *St. John's + Weckler Pilot Grove, Mo*

20. FILED *Aug. 29 1939* *Mrs. E. B. McButcher* Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug, 28, 1939*

22. I HEREBY CERTIFY, That I attended deceased from *8-28-1939*, to *8-28-1939*

I last saw him alive on *8-28-1939*. Death is said to have occurred on the date stated above, at *2* P.m.

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

*Premature Birth*

Date of onset *6:28:31*

Other contributory causes of importance: *154*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *N.O.*

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? *N.O.*

If so, specify \_\_\_\_\_

(Signed) *J. A. Bailey*, M. D.

*Pilot Grove, Mo* (Address)

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. 8,  
District File Number  
Date Filed 9/2/89

STATEMENT BY LICENSED EMBALMER

I, Gepton E. Harris, Licensed Embalmer No. 3074  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed Gepton E. Harris  
Licensed Embalmer No. 3074

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.)