

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

35597  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. 85  
 (b) Township St. Joseph Primary Registration District No. 1001 Registered No. 1118  
 (c) City St. Joseph (d) Street No. State Hospital # 2 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. 26 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wm. Perkins  
 (a) Residence, No. State Hospital # 2 St.  Cameron 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) sep. or wid. (no inform)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4, 1850

7. AGE YEARS 78 MONTHS 11 DAYS 21 If LESS than 1 day, ..... hrs. or ..... min.

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

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) Lacey Mo

FATHER 13. NAME Nelson Allen Perkins

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

MOTHER 15. MAIDEN NAME Mary Keeler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kent, England

17. INFORMANT Mrs. Ella Adams (ADDRESS) Cameron, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cameron Mo DATE Oct 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. T. D. Bell St. Joseph

20. FILED 10/30 1939 H. M. Mitchell Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1939, to Oct 29, 1939  
 I last saw him alive on Oct 29, 1939. Death is said to have occurred on the date stated above, at 8:25 a.m.  
 The principal cause of death and related causes of importance were as follows:  
arteriosclerosis  
chronic myocarditis  
acute diarrhoea (enteric)  
 Date of onset ?

Other contributory causes of importance:  
chronic myocarditis  
acute diarrhoea (enteric)  
 Date of onset 2 days

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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) W. T. D. Bell, M. D.  
 \_\_\_\_\_ (Address) St. Joseph

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.

WHILE EXAMINING WITH UNFADING INK—THIS IS A PERMANENT RECORD

- 1 X16603

**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.....

*W A Moore*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*W A Moore*

Licensed Embalmer No. *1180*

P. O. Address *Cameron*

**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.**