

DEC 12 1939

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

40219
Do not use this space.

1. PLACE OF DEATH
 (a) County Monroe Registration District No. 527
 (b) Township Monroe Primary Registration District No. 3079 Registered No. 315
 (c) City Hannibal (d) Street No. St. Elizabeth's Hospital 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 Enoch H. Perkins
 (a) Residence, No. 330 Cypress St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWER OR DIVORCED HUSBAND OF (OR) WIFE OF Late Rebecca Perkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 10 24

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Car Inspector
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Woodville
Ms.
 13. NAME Benj. H. Perkins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

MOTHER
 15. MAIDEN NAME Francis Perkins
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT (ADDRESS) Harry Perkins
Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodville Ms. DATE 11-21-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jas. O'Donnell
Hannibal Mo

20. FILED Nov 20, 1939 W. C. Gisher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1938 to 11-18, 1938
 I last saw him alive on 11-15, 1938 Death is said to have occurred on the date stated above, at 10:30 m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Cerebral Apoplexy
arteriosclerosis

Other contributory causes of importance:
arteriosclerosis

Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1938
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify None
 (Signed) W. H. Handley M. D.
 (Address) Hannibal 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.....

James O'Donnell

Licensed Embalmer No. *2022*

P. O. Address *Hannibal 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.