

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.

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

43535
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 38J
(b) Township Willow Springs Primary Registration District No. 4228 Registered No. _____
(c) City Willow Springs (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Justin Eli Perkins
(a) Residence, No. _____ St. Rural
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elma Bridges Perkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2d, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
27 6 X

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Howell County, Missouri

13. NAME John Calvin Perkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone County, Arkansas

15. MAIDEN NAME Maude J. Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County, Missouri

17. INFORMANT (ADDRESS) J. Le Perkins Willow Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pine Grove DATE 12/6/1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Burns & Son Willow Springs, Missouri

20. FILED 12-6-1939 Naulette Ferguson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2-1939

22. I HEREBY CERTIFY, That I attended deceased from 12-2-1939, to 12-2-1939
I last saw him alive on 12-2-1939. Death is said to have occurred on the date stated above, at 7:30 P. M.
The principal cause of death and related causes of importance were as follows:

Skull fracture
Date of onset 12-2-39
Other contributory causes of importance: None

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 12-2-1939
Where did injury occur? Willow Springs, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Heavy awning fell on victims
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) D. Callihan M. D.
(Address) Willow Springs, Mo.

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.

RECEIVED

District Health Officer No. 5,

District File Number... 14045

Date Filed... 110710

Signed

J.C. Burns

Licensed Embalmer No.

3379

P. O. Address

Hillier Springs, 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.