FILED MAR 11 1940

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

5526
Do not use this space.

751

1. PLACE OF DEATH

(a) County Jackson — Registration District No. 399

(b) Township — Primary Registration District No. 1002 — Registered No.

(c) City Kansas City — (d) Street No. Wesley 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 6 yrs. 0 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Agnes Melinda Perkins

(a) Residence, No. 1151 State Ave. St. Kansas City, Kansas
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert W. Perkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 29, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
48	2	17	

OCCUPATION

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

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) Feb. 7, 1940 — 11. Total time (years) spent in this occupation 25 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kansas

FATHER

13. NAME David J. Beck

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

MOTHER

15. MAIDEN NAME Elizabeth Bowden

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

17. INFORMANT Robert W. Perkins
(ADDRESS) 1151 State Ave., K.C. Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Park DATE 2/17 1940

19. FUNERAL DIRECTOR (NAME) Geo. H. Long
(ADDRESS) Kansas City, Kansas

20. FILED 2-19-40, 19 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1939 to Feb 15, 1940

I last saw h. alive on Feb 13, 1940 Death is said to have occurred on the date stated above, at 12:35 A.M.

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

	Date of onset
Peritonitis	2-12
46	

Other contributory causes of importance:
Carcinoma anular of sigmoid flexure

Name of operation Colostomy Date of
What test confirmed diagnosis? Pathologist Was an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 1940
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
no
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. J. Mackey M. D.
(Address) Professional Bldg Kansas City, Mo

(Licensed Embalmer's Statement on Reverse Side)

V. S. No. 2. 50M-1-12-38 I X14028

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.