

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **17822**  
Registrar's No. **112**

Registration District No. **73** Primary Registration District No. **3006**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbus  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Boone County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 2 months 27 days years, months or days)

3. (a) PRINT FULL NAME PERKINS, Timothy Edward

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 26 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 27 hr. min.

9. Birthplace Willon (City, town, or county) Missouri (State or foreign country)

10. Usual occupation man

11. Industry or business \_\_\_\_\_

12. Name William A. Perkins

13. Birthplace Nashville (City, town, or county) Missouri (State or foreign country)

14. Maiden name Miss White

15. Birthplace Willon (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Father William A. Perkins

(b) Address Willon, Mo

17. (a) Removed (Burial, cremation, or removal) (b) Date thereof May 24, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Eastern Cemetery

18. (a) Signature of funeral director Halt & Burgett

(b) Address Oshland, Mo

19. (a) 5/24/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Willon (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1940 hour 2:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 22 1940 to May 23 1940 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia (Terminal) Duration 1 day

Due to Pleurisy (came 4 days)  
unknown (2 or 3 wks)

Due to Pneumonia & Pyrexia Duration 2 or 3 wks  
His child showed clinical

Other conditions conjugated bilirubin, hepatitis  
(Include pregnancy within 3 months of death)  
But was too weak to operate

Major findings: Of operations \_\_\_\_\_ Of autopsy (Refused) Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
74 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. F. Proffitt (M. D. or other) \_\_\_\_\_  
Address 205 Exchange Bldg Date signed 5/23/40

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.**