

FILED JUN 6 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17835

State File No. \_\_\_\_\_

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether)

In this community all of life  
years, months or days

3. (a) PRINT FULL NAME Iva Perkins 625

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ed Perkins 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 11 - 30 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>5</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Housewife

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

12. Name John Blythe

13. Birthplace Kentucky?  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Chick

15. Birthplace Knott Co. Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Perkins

(b) Address Columbia Mo, 19

17. (a) Burial (b) Date thereof 5-15-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Chickes W. Vandevanter

(b) Address Columbia Mo

19. (a) 5/13/40 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 715 ~~Stensy Ave.~~  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 12<sup>th</sup>  
year 1940 hour 12<sup>0</sup> minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec., 1938, to May 12<sup>th</sup>, 1940  
that I last saw her alive on May 12, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder with vesicovaginal fistula 16 months

Due to \_\_\_\_\_

Due to 57

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: Biopsy showed squamous cell carcinoma

Of autopsy \_\_\_\_\_

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 James M. Baker (M. D. or other) MD

Address Columbia Mo. Date signed \_\_\_\_\_

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

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Tom M. G. Stary Jr

Licensed Embalmer No.

40607

P. O. Address

Columbia, Md

**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.**