

JUL 12 1940

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

21819
Do not use this space.

1. PLACE OF DEATH
 (a) County Harrison 2 Registration District No. 341
 (b) Township Ridgeway 0 Primary Registration District No. 4204
 or
 (c) City Ridgeway (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. 25 (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME MARGARET PERKINS
 (a) Residence, No. Ridgeway Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. J. Perkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 8, 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>91</u>	<u>11</u>	<u>7</u>	

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) Dec. 1939

11. Total time (years) spent in this occupation. 80

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenup Ill

FATHER
 13. NAME John Henry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk Ky

MOTHER
 15. MAIDEN NAME Glenn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk Va

17. INFORMANT (ADDRESS) W. Le Roy Perkins Iowa
Chariton

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridgeway Mo 2/17 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Le Roy Perkins No
Ridgeway Mo

20. FILED 2-15-40 Leck Bremer
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 40

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 - 1940 to Feb - 15 - 1940
 I last saw her alive on Feb. 15 - 1940. Death is said to have occurred on the date stated above, at 2:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Left pneumonia, right lung
105
 Date of onset 2-1-40

Other contributory causes of importance:
Senility

Name of operation None Date of _____
 What test confirmed diagnosis? Physical 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 _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W. Leck Bremer, M. D.
 (Address) Ridgeway Mo
309

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.

RECEIVED

District Health Officer No. 11;

District File Number

740-1130

Date Filled

JUL 6 1940

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

J.P. Ragan

Licensed Embalmer No.

2026

P. O. Address

Ridgeway

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.