

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

FILED MAR 21 1947

10185

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1. PLACE OF DEATH

County... Oregon  
Township  
City... Thayer, (Rural) (No. 1)

Registration District No. 5867  
Primary Registration District No. 254

File No. 10185  
Registered No. 3  
St. Ward 3

2. FULL NAME Rachel Perkins

(a) Residence, No. Thayer (Rural) St. Ward.

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Perkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 11 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic  
9. Industry or business in which work was done, as silk mill, 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) Missouri

13. NAME Ballam Vaughan

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

15. MAIDEN NAME Ellen Curtiss

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

17. INFORMANT W. B. Perkins (ADDRESS) Thayer, Missouri

18. BURIAL, CREMATION, OR OTHER PLACEMENT PLACE New Home Cem. DATE 1/12/47

19. UNDERTAKER (ADDRESS) Thayer, Missouri

20. FILED March 1947 Edith Crass Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11, 1947

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1946, to Dec. 27, 1946. I last saw her alive on Dec. 27, 1946. Death is said to have occurred on the date stated above, at 6:00 p.m.

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

Hypertensive heart disease due to arterial sclerosis and chronic nephritis

Date of onset 1941

Other contributory causes of importance:

Name of operation Date of operation  
What test confirmed diagnosis Was there an autopsy?

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? No  
If so, specify Mitchell B. Jarvis, M. D.  
(Address) Mans. Spg., Arkansas

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.

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RECEIVED

District No 5,

District 347138

Date Filed 3-14-47