

NOV 24 1930

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

Do not use this space.

32781

1. PLACE OF DEATH

County JACKSON  
Township BLUE  
City INDEPENDENCE

Registration District No. 398  
Primary Registration District No. 554  
(No. 1414 NORTHERN BLVD.)

File No. \_\_\_\_\_  
Registered No. 307  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME MRS. ALICE C. PERKINS.

(a) Residence. No. 1414 NORTHERN BLVD. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>FEMALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>WIDOWED</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED  
(HUSBAND OR) WILLIAM H. PERKINS  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>4</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HOUSEWIFE  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) UNKNOWN  
(STATE OR COUNTRY) KENTUCKY

PARENTS	10. NAME OF FATHER <u>LOUIS BURNETT</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>UNKNOWN</u> (STATE OR COUNTRY) <u>KENTUCKY</u>
	12. MAIDEN NAME OF MOTHER <u>ELIZABETH CRUTCHFIELD</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>UNKNOWN</u> (STATE OR COUNTRY) <u>KENTUCKY</u>

14. INFORMANT MRS. A. E. COWAN  
(Address) HANNIBAL, MISSOURI

15. FILED 10-6 19 30 7h Cook  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) OCT. 3 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1930 to Oct 3, 1930  
that I last saw her alive on Oct 3, 1930 and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Apoplexy  
partly fatal (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Unknown  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH. no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) H. N. Hill M. D.  
10/4/30 19 30 1103 7 1/2 Wigner Rd.  
(Address) Independence Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <b>ELMWOOD</b>	DATE OF BURIAL <b>OCT. 6, 1930</b>
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20. UNDERTAKER <b>STAHL'S FUNERAL HOME</b>	ADDRESS <b>INDEP. MO.</b>
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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.

