

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

Do not use this space.

24695

1. PLACE OF DEATH

County Franklin
Township Saline
City..... (No. St. Ward)

Registration District No. 293
Primary Registration District No. 5416 34 11

File No.
Registered No. 32

2. FULL NAME

James Perkes

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

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MARCH 20-1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 4 11

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Robertsville
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Edna Perkes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Robertsville
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Mary Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Robertsville
(STATE OR COUNTRY) Mo

14. INFORMANT Mary Perkes
(Address) Robertsville Mo

15. FILED July 19 31 Nela M. Phelps
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1931

17. I HEREBY CERTIFY, That I attended deceased from March 6 1930 to July 13 1931, that I last saw him alive on July 18 1931, and that death occurred, on the date stated above, at 3:02 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rube
34
34 (duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 34 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WHAT TEST CONFIRMED DIAGNOSIS? Plumage & Urine
(Signed) Edna Stuberger M. D.

(Address) Union 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 Robertsville DATE OF BURIAL July 14 1931

20. UNDERTAKER Hazel Rein Cemetery ADDRESS Mo
B. L. Schaefer Robertsville

AUG 26 1931

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

