

FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH.

County Lincoln Registration District No. 501 File No. 1810
Township Leach Creek Primary Registration District No. 4304 Registered No. 221
City Linneus (No. _____) St. _____ Ward _____

2. FULL NAME Meta Perkins Fleming
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7th 1887
7. AGE YEARS 51 MONTHS 4 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife
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) Metzall, Ky
13. NAME Thomas Perkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Metzall, Ky
15. MAIDEN NAME Mary O. Nailor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumtland, Ky

17. INFORMANT R. C. Perkins (ADDRESS) Linneus, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE 200 St. Ann DATE July 2 1934
19. UNDERTAKER Thorne W. Co. (ADDRESS) Linneus, Mo.
20. FILED 1/6 1934 A. A. Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st 1934
22. I HEREBY CERTIFY That I attended deceased from Jan 1 1934, to Jan 1 1934
I last saw her alive on Jan 1 1934 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

Exophthalmic Goiter Date of onset 6 yrs
chest crushed in automobile accident 2 yrs 3 mos

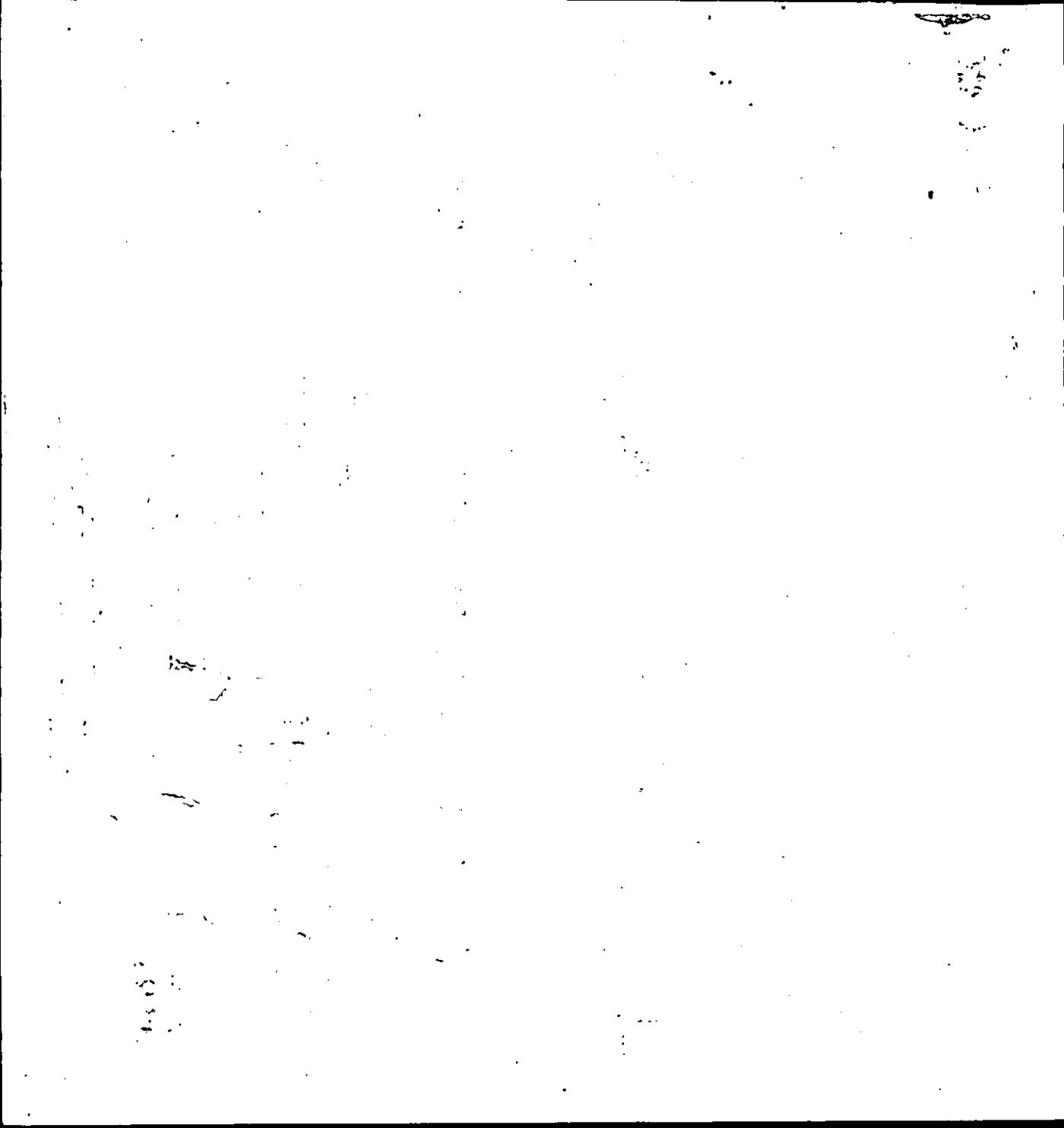
Other contributory causes of importance: neglect of treatment on account of hr being a christian Scientist

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? no
If so, specify _____
(Signed) Mark H. Rhoads, M. D.
(Address) Linneus Mo.



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Linn
Township Linn
City Linn (No. _____)

Registration District No. 501
Primary Registration District No. 4304

File No. 1810
Registered No. _____ St. _____ Ward _____

2. FULL NAME

Merta Perkins Fleming

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at _____ m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 _____

(Date of onset)

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

Crushed in auto accident
Other contributory causes of importance: 310
auto accident occurred prior to illness. Don't know

13. NAME

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

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

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.

15. MAIDEN NAME

Manner of injury _____
Nature of injury _____

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

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

17. INFORMANT (ADDRESS)

(Signed) W. R. Rhoads, M. D.
(Address) Linn

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

20. FILED _____, 19____ W. D. Taylor Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

REGISTRATION IS VERY IMPORTANT.

5-18/0