

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

✓ Do not use this space.

MAY 20 1935

12091

1. PLACE OF DEATH

County Ladawell
Township Davis
City Braymer (No. _____) St. _____ Ward _____

Registration District No. 978
Primary Registration District No. 5138

File No. 12091
Registered No. 9

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 6 # 13 ##

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

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) Apr 1, 1935 11. Total time (years) spent in this occupation 5

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

13. NAME Lewellan Perkins

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

15. MAIDEN NAME Martha Jane Clark

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

17. INFORMANT Mrs Ora Frankins (ADDRESS) Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Braymer DATE April 13, 1935

19. UNDERTAKER B. F. McCar (ADDRESS) Braymer, Mo.

20. FILED Apr 13, 1935 W. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1935

22. I HEREBY CERTIFY that I attended deceased from Did not attend to _____, 19____. I last saw h. never saw him alive Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Ran over by train body severed. Skull fractured. neck broken April 11, 1935

Other contributory causes of importance: 1935 2 30

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide Don't know Date of injury April 11, 1935
Where did injury occur? 3/4 mile West of Braymer
Specify whether injury occurred in industry, in home or in public place
Railroad track (Public place)
Manner of injury Skull fracture, neck
Nature of injury broken body severed

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) W. A. House (Coroner) M. D.
(Address) Kingston Mo.

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.

13

5072

1935-11
1882-9 = 28

52-6-13

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

Do not use this space.
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.
File No. _____
Registered No. 9
St. _____ Ward)

1. PLACE OF DEATH
County Caldwell Registration District No. 93
Township _____ Primary Registration District No. 5138
City _____ St. _____ Ward _____

2. FULL NAME Wm L Perkins

(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

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE _____ DATE _____ 19__		
19. UNDERTAKER (ADDRESS)		
20. FILED <u>Apr 12 1935</u> <u>H.H. Peterson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 11 1935

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

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Run over by train, pedestrian

Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

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? _____
If so, specify _____
(Signed) _____, M. D.
(Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 30 1955

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