

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

Do not use this space.

1 JUN 3 1935

14008

**1. PLACE OF DEATH**

County Wandolph  
Township Waverly  
City Waverly (No. 1112)

Registration District No. 735  
Primary Registration District No. 3034

File No. \_\_\_\_\_  
Registered No. 85  
St. 4 Ward

**2. FULL NAME**

Cletis 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ---

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28-1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 25

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) Mo.

13. NAME Joseph Perkins

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

15. MAIDEN NAME Mabel Gutierrez

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

17. INFORMANT (ADDRESS) Joseph Perkins Waverly Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagar Cemetery DATE 4-23-1935

19. UNDERTAKER (ADDRESS) Walter D. Son Waverly Mo.

20. FILED 4/23 35 Virginia Walker Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22-1935

22. I HEREBY CERTIFY, That I attended deceased from Waverly where I lived, 19\_\_\_\_  
I last saw deceased, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

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) W. M. D. Waverly Mo.

