

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

MAY 31 1937

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

Do not use this space.

17210

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township _____ Primary Registration District No. 2032
City Sedalia (No. 1200 West 14th) St. _____ Ward _____

File No. 111
Registered No. 668

2. FULL NAME JoAnn Perkins

(a) Residence, No. 1200 West 14th. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1937

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

22. I HEREBY CERTIFY. That I attended deceased from Jan 1, 1936, to April 2, 1937.
I last saw her alive on April 2, 1937. Death is said to have occurred on the date stated above, at 11:45 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16, 1920

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
17 0 16

Metastatic
of
Right femur with
osteogenic sarcoma

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

Other contributory causes of importance: 52

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

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

13. NAME Roy Shy

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

15. MAIDEN NAME Edith Rainey

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

17. INFORMANT (ADDRESS) Mrs. C. C. Shy
Sedalia, Mo.

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem. Park DATE April 4 1937

Manner of injury _____
Nature of injury _____

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home
Sedalia, Mo.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) C. G. Stauffer, M. D.
(Address) Sedalia, Mo.

20. FILED Apr 27 1937 Frank Slack Registrar

