FEB 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 96 — File No. 4141

Township Bonhomme — Primary Registration District No. — Registered No. 66

City ~~Webster Groves~~ (No. Glenwood Sanitarium St. Ward)

Big Bend & Grant Rds.

2. FULL NAME Joseph R. Perkins

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 - 1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
74	2	18	

OCCUPATION

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

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) Brookhaven Mississippi

FATHER

13. NAME John R. Perkins

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

MOTHER

15. MAIDEN NAME Mary Decelle

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

17. INFORMANT (ADDRESS) Charles D. DePew 6242 Waterman Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem DATE Jan. 11th 1938

19. UNDERTAKER (ADDRESS) C.R.Lupton & Sons 4449 Olive Street

20. FILED 1-10 1938 Theodore R. Meyer M.D. DR. P/H Registrar, Deputy State Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1938

22. I HEREBY CERTIFY, That I attended deceased from May 24 1929, to Jan 9, 1938

I last saw him alive on Jan 9, 1938 Death is said to have occurred on the date stated above, at 10 25 a.m.

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

	Date of onset
Paralysis agitans	1928
Other contributory causes of importance: General debility	1936

Name of operation None 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? No 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 None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Andrew B. Jones M. D.

(Address) 3720 Washington Bl St. Louis, 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.

I. B. A. Miles, Licenced Embalmer # 2901.

hereby certify that the remains rec rederded of the reverse side of thi certificate vas emtalmed by myself.

B. A. Miles.

B. A. Miles.

License #2901.