

1938 NOV 14 1938

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

36053
Do not use this space.

1. PLACE OF DEATH
 (a) County Jefferson Registration District No. 421
 (b) Township Joachim Primary Registration District No. 3575
 (c) City..... (d) Street No..... St.
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME John T. Perkins
 (a) Residence, No. Horine Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Almira Perkins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 11 22
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Railroad section
 10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage County Missouri
 FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) George Beeler Horine Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cemetery DATE 10/5/38
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Duester-Vinyard Festus Mo.
 20. FILED 10/5 1938 J. E. Rutledge Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3 1938
 I HEREBY CERTIFY, That I attended deceased from
By Inquest on Oct. 3 1938
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 5:00 p.m.
 The principal cause of death and related causes of importance were as follows:
 Verdict of Jury: By a self inflicted gun wound using a 12 gauge single barrel shot gun.
 Other contributory causes of importance:
Cause of death: 167
gun shot wound
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No.
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide suicide Date of injury....., 19.....
 Where did injury occur? Horine, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
at home
 Manner of injury gun shot wound
 Nature of injury in left chest
 24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify Frank Frazier, Coroner
 (Signed) Festus, Mo.
 (Address) 387

N. B.—Every item of information should be carefully classified. 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.