

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

39042

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 35
 (b) Township St. Joseph Primary Registration District No. 1001 Registered No. 1176
 (c) City St. Joseph (d) Street No. State Hospital for Insane # 2 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 1 yrs. 5 mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. State Hospital # 2 St. Merion Co., Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 7, 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	57	10	8	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farming
 9. Industry or business in which work was done, as saw mill, bank, etc. farm
 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. Vink

FATHER 13. NAME Elias Perkins

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

MOTHER 15. MAIDEN NAME Emma Oelle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vink Ohio

17. INFORMANT (ADDRESS) Eug Perkins, Merion Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leneville, Ia DATE Nov 15 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Patton-Belkale & Co. 319 So 10th. Kansas City, Mo.

20. FILED 11-15 1939 H. J. Woodruff Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/8 1938 to 11/15 1939

I last saw him alive on _____, 1939. Death is said to have occurred on the date stated above, at 4:55 a.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Epilepsy several years standing
death sudden without acute illness.

Other contributory causes of importance:
Chronic myocarditis

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? _____ 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? no
 If so, specify _____
 (Signed) J. J. O'Dell, M. D.

(Address) St. Joseph

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECORDED DEC 11 1939

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 Nov 15, 31

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

Signed W E Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 E 10th St Joseph Mo

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.