DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11688

Registration District No. 187 Primary Registration District No. 4411 Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Eolia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County 82
(c) City or town 0 (If outside city or town limits, write "RURAL")
(d) Street No. 1 0 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lina Perkins
3. (b) If veteran, name war
3. (c) Social Security No. No

4. Sex Female 1
5. Color or race Black
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Dead
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased July (Month) 22nd (Day) 1852 (Year)

8. AGE: Years 88 Months 7 Days 26 If less than one day — hr. — min.

9. Birthplace Pike Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER
12. Name Wm Lewis
13. Birthplace Va 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Lewis
15. Birthplace Va 1 (City, town, or county) (State or foreign country)
16. (a) Informant Fred Douglass
(b) Address Denver Colorado
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Eolia Cemetery-Col.
18. (a) Signature of funeral director Gooch Hardware
(b) Address Eolia-Mo.
19. (a) Mar. 20 1941 (Date received local registrar) (b) B. M. Gooch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th year 1941 hour minute M.
21. I hereby certify that I attended the deceased from March 23, 1938, to March 18, 1941; that I last saw her alive on Feb. 26, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Arterial Hypertension	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
(e) Means of injury
While at work

23. Signature Donald E. Hazzard (M. D. or other) D.O.
Address Eolia, Mo. Date signed 3-20-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 10
District File Number 4-41-832
Date Filed APR 14 1941

STATEMENT BY LICENSED EMBALMER

O 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 Norman E. Gooch.

Licensed Embalmer No. 2342

P. O. Address Eolia, Mo.

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

If this body is not embalmed, fact should be so stated above.

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4-41
7-39
XZ6390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11688

Registration District No. 687 Primary Registration District No. 4411 Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Eolia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Eolia (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lina Perkins
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race Black
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 88 Months 7 Days 26 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Donald G. Hazzard (M.D. or other)
Address Eolia Mo Date signed

SUPPLEMENTARY

(Licensed Embalmer's Statement on Reverse Side)

11688

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, fact should be so stated above.