LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

9698-B

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

1. PLACE OF DEATH
County McDonald — Registration District No. 1149 — File No.
Township Pineville — Primary Registration District No. — Registered No.
City Pineville (No. ... St. ... Ward)

2. FULL NAME Mrs Mary Jane Farmer
(a) Residence. No. ... 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

3. SEX: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John C

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jany 10 1838

7. AGE: Years 85 — Months 1 — Days 15 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Miss

PARENTS
10. NAME OF FATHER: dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): dont Know
12. MAIDEN NAME OF MOTHER: dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): dont Know

14. INFORMANT: Mrs Daisy Brown daughter
(Address): Pineville

15. FILED Mch 9, 1923 — REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 19

17. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1923, to Mch 5, 1923, that I last saw her alive on Mch 5, 1923, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
N. Tuenza
11A
105B
(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (SECONDARY): Laryngitis
(duration) ... yrs. ... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? ... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O. S. John, M. D
, 19 (Address) Pineville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Pineville — DATE OF BURIAL: Mch 6 1923

20. UNDERTAKER: Geo Tatum — ADDRESS: Anderson

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

9698

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

1. PLACE OF DEATH
County: McDonald
Township: Pineville
City: Pineville (No. ..... St. ..... Ward)
Registration District No. .....
Primary Registration District No. .....
File No. .....
Registered No. .....

2. FULL NAME: Pearl Tindall

(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: Female
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: John J. Tindall

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 26 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	3	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Fayette
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: J. L. Dorsam
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Howard Co
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Lizzie Ford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Howard Co
(STATE OR COUNTRY): Mo

14. INFORMANT: J. L. Dorsam
(Address): Fayette Mo

15. FILED ....., 19..... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 18 1994

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 19..., to July 7, 1926, that I last saw h... alive on July 7, 19..., and that death occurred, on the date stated above, at 9:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
1993
Pneumonia (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED: --
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Observation
(Signed) O. J. Grove, M. D
, 19 (Address) Pineville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Fayette
DATE OF BURIAL: 19

20. UNDERTAKER: J. L. Cornell
ADDRESS: .....

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