APR 27 1927

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

Do not use this space.

9120

1. PLACE OF DEATH
County Pemiscot — Registration District No. 651 — File No.
Township Caruthersville — Primary Registration District No. 4388 — Registered No. 27
City (No. St. Ward)

2. FULL NAME Mrs Pearl Moad
(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): widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-7/1887

7. AGE: 39 YEARS ~~37~~ | MONTHS ~~11~~ | ~~[illegible]~~ 4 ~~27~~ | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(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) Mo

PARENTS
10. NAME OF FATHER James K Lippard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) S. C.
12. MAIDEN NAME OF MOTHER Add Fisher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

14. INFORMANT Mrs James K Lippard
(Address) Caruthersville

15. FILED Mch 14 1927 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-11 1927

17. I HEREBY CERTIFY, That I attended deceased from 2-7 1927, to 3-11 1927 that I last saw her alive on 3-11 1927, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmary T.B.
3 / 23A
132A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ~~[illegible]~~ Brights Disease (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Thomas J Collins, M. D
Mch 11, 1927 (Address) Caruthersville Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Maple Cemetery — DATE OF BURIAL: 3-14 1927

20. UNDERTAKER: H S Smith — ADDRESS: Cville

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.