

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

Do not use this space.

1530

FEB 21 1928

1. PLACE OF DEATH

County Jasper
Township Joplin, Mo.
City Joplin, Mo. (No. _____)

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME

Mrs. Effie Pegal Durbin
(a) Residence. No. East 20th 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Mar.

6A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF Gabriel M. Durbin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 30-1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>31</u>	<u>11</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ho. wife 14 yrs
(b) General nature of industry, business, or establishment in which employed (or employer) " " 15 yrs 12 mos
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER George Evans

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Elizabeth Simmons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Gabriel M. Durbin
(Address) East 20th St.

15. FILED 1/12 1928 W. A. Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 10 1928

17. I HEREBY CERTIFY That I attended deceased from Nov. 1st 1927 to Jan. 10th 1928 that I last saw h. _____ alive on Jan. 9th 1928, and that death occurred, on the date stated above, at _____ A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis no operation on account of pregnancy
(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Childbirth -
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

19. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. Benson Clark, M. D.
1/11, 1928 (Address) Joplin 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 Forest Park DATE OF BURIAL 1/12 1928

20. UNDERTAKER Frank-Sierros ADDRESS Joplin Mo.

K. 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.

EVERY ITEM CONTAINED HEREIN IS A PERMANENT RECORD

