

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

Do not use this space.

9833

1. PLACE OF DEATH
 County Mellen Registration District No. 561 File No. _____
 Township Eden Primary Registration District No. 4330 Registered No. 19
 City Eden (No. _____) St. _____ Ward _____

2. FULL NAME Jessie Inez Pirey
 (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) Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-31-1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 4 10

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) Eden, Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Osborn & Inez

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

12. MAIDEN NAME OF MOTHER Martha Pirey

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

PARENTS

14. INFORMANT Walter H. Pirey
 (Address) Eden Mo

15. FILED 3-10, 1928 Belle Haynes
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-9-28

17. I HEREBY CERTIFY, That I attended deceased from 3-7, 1928 to 3-9, 1928 that I last saw her alive on 3-9-1928 and that death occurred, on the date stated above, at 11:19 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shocks, following
Chill with
150A
14-4-18 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 145 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) G. D. Walker, M. D.
 , 19 (Address) Eden 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 Eden Cemetery DATE OF BURIAL 3-11-1928

20. UNDERTAKER Jones Funeral Home ADDRESS Eden Mo

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.

1928

