

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

Do not use this space.

20925
28077

1. PLACE OF DEATH

County Jackson Registrar District No.
Township Kaw Primary Registration District No.
City Manassas City (No. Trinity Lutheran Hosp.) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

Rechel May Pallard
(a) Residence. No. Kingston mo 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. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 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 W. J. Pallard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAY 26 1883

7. AGE - YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>45</u>	<u>3</u>	<u>4</u>	

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) Davis County mo
(STATE OR COUNTRY)

10. NAME OF FATHER George Harlow

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

12. MAIDEN NAME OF MOTHER Ellen Edwards

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

14. INFORMANT W. J. Pallard
(Address) Kingston mo

15. FILE NO. 6-3028 M M Crowe
REGISTRAR West

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1928

17. I HEREBY CERTIFY That I attended deceased from June 29, 1928, to June 30, 1928 that I last saw h. alive on June 30, 1928, and that death occurred, on the date stated above, at 4:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Purpura Hemorrhagica
914

(duration) 2 yrs. 3 mos. 2 ds.

CONTRIBUTORY Septic endocarditis
(SECONDARY)

(duration) 7 ds.

18. WHERE WAS DISEASE CONTRACTED Polo Mo
(NOT AT PLACE OF DEATH)

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Ray U. Strous M. D.
4 mo. 1928 (Address) 910 Riatts Bl

*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 Polo mo DATE OF BURIAL July 1 1928

20. UNDERTAKER Mr. C L Foster ADDRESS Manassas City 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.

