

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

Do not use this space.

540

1. PLACE OF DEATH

County Clay
Township Richards
City Excelsior Springs

Registration District No. 198
Primary Registration District No. 30.11

File No. _____
Registered No. 4
St. _____ Ward)

2. FULL NAME

Mary Pearl Ould
(a) Residence. No. _____ St., _____ Ward. Buckner Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 12 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. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Byron Ould

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 19-1900
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
29 9 20

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) Excelsior Mo
(STATE OR COUNTRY) MO

10. NAME OF FATHER A. J. Bogart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY) MO
12. MAIDEN NAME OF MOTHER Maggie Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Excelsior
(STATE OR COUNTRY) MO

14. INFORMANT Byron Ould
(Address) Sibley, Mo

15. FILED 1-10 1930 J. D. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-9 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-28 1929 to 1-9 1930 and that I last saw her alive on 1-9 1930 at 1048 and that death occurred, on the date stated above, at 1048

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tubercular meningitis
29
25
20 (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary T. B.
(duration) 4 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. E. Cairns M. D.

1-10, 1930 (Address) Excelsior Springs

*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 Buckner DATE OF BURIAL Jan 12 1930

20. UNDERTAKER V. M. Reppert ADDRESS Buckner Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 7 1930

42.5

Handwritten text, possibly a signature or initials, located in the top left corner.

DEC 20 1955