MAR 25 1930

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 4114
Township — Primary Registration District No. 1001 — Registered No. 178
City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Pearl M. Toomey,
(a) Residence. No. 122 North 22nd. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19-1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	34	11	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bookkeeper,
(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Co.
(c) Name of employer Picker Lumber Co.

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER Thomas J. Toomey,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Addison,
(STATE OR COUNTRY) New York,
12. MAIDEN NAME OF MOTHER Margaret Ann Franey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Raymond A. Toomey
(Address) 720 South 11th. Street,

15. FILED FEB 11 1930 19 John G. Utz REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 8th. 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1930, to Feb. 8, 1930 that I last saw h... alive on Feb. 8, 1930, and that death occurred, on the date stated above, at 10:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Rup. Duod. ulcer DUODENAL
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 122 N 22
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb. 6-
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clin.
(Signed) Frank Shortigan, M. D.
Feb. 10, 1930 (Address) Kirkpatrick Bldg.

*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	DATE OF BURIAL
Mount Olivet Cemetery	Feb'y 11, 1930
20. UNDERTAKER	ADDRESS
Heaton-BeGale & Bowman	319 S. 10 St.

Funeral Home

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.