APR 23 1930

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

Do not use this space.

7826

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 373

City St. Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Flora Mae Holmes

(a) Residence. No. St., Ward. Kincaid Kansas
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 21 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23, 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	42	0	0	

8. OCCUPATION OF DECEASED Samuel E Teagarden

(a) Trade, profession, or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stewertsville
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Samuel E Teagarden

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

12. MAIDEN NAME OF MOTHER Flora Sprague

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

14. INFORMANT Pearl E Holmes
(Address) Kincaid Kansas

15. FILED MAR 25 1930, 19 John G. [illegible] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1930, to March 23, 1930 that I last saw her alive on March 23, 1930, and that death occurred, on the date stated above, at 3/23 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pseudo Mixoma Perinei ~~Malignant~~, 49A

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Ovarian Cyst ruptured about Malignant (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Kincaid Kans

DID AN OPERATION PRECEDE DEATH? Aspiration 1-13-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Microcopital

(Signed) M S Tray, M. D.

Mar. 24 1930 (Address) St Joseph 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	DATE OF BURIAL
Memorial Park Cemetery	Mar. 25 1930
20. UNDERTAKER H. O. Sidenfaden	ADDRESS 1802 Union St

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.

Pentonaci