APR 28 1930

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

Do not use this space.

Or Terrenden 8347

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No.

Township — Primary Registration District No. 2001 — Registered No. 193

City Springfield, Mo. (No. 1331 N. Robberson St. Ward)

2. FULL NAME Mrs. Pearl Gustafson

(a) Residence. No. 1331 N. Robberson St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 23, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	56	1	10	

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

9. BIRTHPLACE (CITY OR TOWN) Cherokee Co.
(STATE OR COUNTRY) Kansas.

PARENTS

10. NAME OF FATHER Ezra Stonecipher

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

12. MAIDEN NAME OF MOTHER Sarah Jane Elliot

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

14. INFORMANT A. E. Gustafson
(Address) Springfield, Mo.

15. FILED 3-3, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3, 1930

17. I HEREBY CERTIFY, That I attended deceased from About June 1 — 1929, to ~~Feb~~ Mar 3, 1930 that I last saw her alive on Mar 2 — 1930, and that death occurred, on the date stated above, at 12:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer Breast —

about (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 1929

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) E M Terrenden, M. D

Mar 3, 1930 (Address) Springfield 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
Greenlawn	March 4 1930

20. UNDERTAKER	ADDRESS
Alma Lohmeyer Funeral Home	Springfield Missouri

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.