APR 28 1930

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

Do not use this space.

8380

1. PLACE OF DEATH

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

Township — Primary Registration District No. 200 — Registered No. 230

City Springfield (No. Springfield Baptist Hospital Ward)

2. FULL NAME Pearl Price

(a) Residence. No. ~~Sr~~ St., Ward. Niangua, 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. 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) June 15, 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	22	9	2	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co. Mo

PARENTS

10. NAME OF FATHER T. J. Price

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Webster Co. Mo.

12. MAIDEN NAME OF MOTHER Lucy White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Webster Co. Mo.

14. INFORMANT T. J. Price (Address) Marshfield, Mo.

15. FILED 3-17, 1930 Lois Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1930

17. I HEREBY CERTIFY, That I attended deceased from March 16, 1930, to March 17, 1930 that I last saw her alive on March 17, 1930, and that death occurred, on the date stated above, at 5-40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis, acute, diffuse

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Appendicitis, acute unknown.

(duration) yrs. mos. ds.

1176

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At home, Route 2, Niangua, Mo.
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C. R. Macdonnell, M. D.
Mar. 17, 1930 (Address) Marshfield, 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
Marshfield, Mo.	3/18 1930
20. UNDERTAKER	ADDRESS
H. T. McMahan	Marshfield

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.

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