

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.

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

Do not use this space.

13310

1. PLACE OF DEATH

County Marion  
Township Marion  
City Hannibal

Registration District No. 547  
Primary Registration District No. 3024  
(No. Severing Hospital)

File No. \_\_\_\_\_  
Registered No. 87  
St. 6 Ward)

2. FULL NAME

(a) Residence. No. 704 Lindelle St., 6 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15 - 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
51 4 16

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

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

10. NAME OF FATHER Perry Robinson

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

12. MAIDEN NAME OF MOTHER Ahala Bedford

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

14. INFORMANT John L. Ardrey  
(Address) Hannibal, Mo.

15. FILED 3/3 1930 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 3-31, 1930, to 4-1, 1930, that I last saw her alive on 4-1, 1930, and that death occurred, on the date stated above, at 12:30:1 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute pancreatitis with  
12:13 12:13 12:8 12:8 (duration) yrs. mos. ds. 2  
12:8 12:8 (duration) yrs. mos. ds. 2  
CONTRIBUTORY (SECONDARY) cholelithic disease  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? yes DATE OF 3-31-30

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) J. H. Harty M. D.  
Hannibal  
, 19 (Address)

\*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 Frankfort Cemetery DATE OF BURIAL 4-8-1930

20. UNDERTAKER Schwartz Funeral Home ADDRESS Hannibal Mo.

