

MAY 27 1930

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

Do not use this space.

13487

1. PLACE OF DEATH

County Wodaway

Registration District No. 625

Township

Primary Registration District No. 3031

City Maryville

File No. \_\_\_\_\_  
Registered No. 39  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

(a) Residence. No. \_\_\_\_\_ 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

Sept 25 1926

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

3

7

5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

Maryville Mo

10. NAME OF FATHER

Elmer Phillippe

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Jawa Mo

12. MAIDEN NAME OF MOTHER

Alpha Branson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

North Co Mo

14. INFORMANT

Mrs Martha Branson

(Address)

Maryville Mo

15. FILED

5-1, 1930

C. P. Gyer  
M. E. C.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1930

17. I HEREBY CERTIFY, That I attended deceased from April 29 Th, 1930, to April 30, 1930, that I last saw her alive on April 30, 1930, and that death occurred, on the date stated above, at 6:20 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Peritonitis

129

(duration) yrs. mos. 8-10 ds.

CONTRIBUTORY (SECONDARY)

Not known

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physicial Exam

(Signed) James Rowlett, M. D.

, 19 Address Maryville 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

Kent County Deers Mo

5-2-1930

20. UNDERTAKER

ADDRESS

Communis Tom C. Maryville

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECORD RESERVED FOR BINDING

