

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

Do not use this space.

8912

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1003
 City St. Joseph, Mo. (No. Missouri Methodist) St. _____ Ward _____

2. FULL NAME Pearl Alice Mumford
 (a) Residence, No. 202 Oak 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.

File No. _____
 Registered No. 342

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 Edward Mumford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
38 6 16

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Home 235
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Legman Town
 (STATE OR COUNTRY) Penn.

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Edward Mumford
 (Address) St. Joseph

15. FILED John P. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28, 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1931, to Mar 28, 1931, that I last saw her alive on Mar 28, 1931, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia, acute lobar lower rt. lobe
100 (duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY (SECONDARY) unknown (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. same

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? yes 1

WHAT TEST CONFIRMED DIAGNOSIS? autopsy
 (Signed) E. M. Shores M. D.
3-28-1931 (Address) 317 Kirkpatrick Bldg 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 City DATE OF BURIAL Mar. 28, 1931

20. UNDERTAKER Eleman Funeral Home ADDRESS 1946 Calhoun

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.

APR 21 1931

FILED John P. Bender REGISTRAR
 MAR 30 1931

