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.

APR 17 1931

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

Do not use this space.

16807

1. PLACE OF DEATH

103 County Stoddard — Registration District No. 834 — File No.

Township Pike — Primary Registration District No. 6097 — Registered No. 18

City Mass Advance (No. ..... St. ..... Ward)

2. FULL NAME Permelia Umfleet Bird (Nee Brendel)

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

Length of residence in city or town where death occurred 5 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 J. P. Bird

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-26-1850

7. AGE: YEARS 80 — MONTHS 11 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) 12-30
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER

13. NAME Frederick Brendel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

17. INFORMANT (ADDRESS) Henry Umfleet, Advance, Mo.

18. BURIAL, [redacted] PLACE Balch Cemetery Mo. DATE 4-3 1931

19. UNDERTAKER (ADDRESS) W C Knight Advance Mo.

20. FILED 4-8-1931 V McKearly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1 1931

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1930, to April 1, 1931

I last saw her alive on March 22, 1931. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
90 A	
162	

94 [illegible]

Other contributory causes of importance: age

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A R Reynolds, M. D.

(Address) Advance Mo