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.

JUN 25 1931

Aldridge

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

Do not use this space.

17487

1. PLACE OF DEATH
County Cole — Registration District No. 213 — File No. 137
Township — Primary Registration District No. 3014 — Registered No.
City Jefferson (No. ..... St. ..... Ward)

2. FULL NAME Peggy Percival
(a) Residence. No. 102 W Franklin St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16 - 1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
0	9	6	

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): Child
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson City Mo

PARENTS
10. NAME OF FATHER: S. E. Percival
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Camden Co Mo
12. MAIDEN NAME OF MOTHER: Margie Gosney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cole Co Mo

14. INFORMANT: S. E. Percival
(Address) 102 W Franklin

15. FILED 6-1-1931 W. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1931

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to May 22, 1931 that I last saw h..... alive on ..... 19.... and that death occurred, on the date stated above, at 9 20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

24A Tubercular Meningitis
(duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (SECONDARY) none
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

24 8 (1)

(Signed) M. R. Aldridge, M. D.
May 24, 1931 (Address) Elmo

*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: Eugene Mo
DATE OF BURIAL: 5/23 1931

20. UNDERTAKER: Lawson & Tanner
ADDRESS: JCM