

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

Do not use this space.

15483-3

SEP 18 1935

1. PLACE OF DEATH
 County Atchison. Registration District No. 20
 Township Tarkio. Primary Registration District No. 3227
 City Tarkio. (No.) St. Ward)

2. FULL NAME Pearl Mitchell Nally.
 (a) Residence. No. Tarkio, Mo. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 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 Charles O. Nally.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15, 1877.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 7 13.

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) Gilman City
 (STATE OR COUNTRY) Missouri.

PARENTS
 10. NAME OF FATHER David E. Mitchell.
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois.
 12. MAIDEN NAME OF MOTHER Eliza Smith.
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Gilman City, Missouri.

14. INFORMANT Charles O. Nally.
 (Address) Tarkio, Missouri.

15. FILED 5-28-35 - One Nally REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/28/35. 19

17. I HEREBY CERTIFY, That I attended deceased from 1 year, 1935, to 1935, 1935, that I last saw h. alive on 8.30 and that death occurred, on the date stated above, at p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease
 (duration) 1 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) None
 (duration) None yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. None

DID AN OPERATION PRECEDE DEATH? No DATE OF None

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) Queen Hunter, M. D.
 , 19 35 (Address) Fairfax 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 Union Grove Cemetery. DATE OF BURIAL May 31 1935

20. UNDERTAKER W.B. Clement ADDRESS Tarkio, Mo

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.

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

