JUL 26 1935

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

Do not use this space.

24019

1. PLACE OF DEATH

County Phelps — Registration District No. 677 — File No.

Township — Primary Registration District No. 4403 — Registered No. 63

City Rolla (No. , St. Ward)

81

2. FULL NAME Pearl Daniels

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2
4

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 Wm Daniels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-2-1896

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
39	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) 6-15-35

11. Total time (years) spent in this occupation 22 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo

FATHER

13. NAME Henry Fanger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo

MOTHER

15. MAIDEN NAME Minnie Hughs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo

17. INFORMANT (ADDRESS) Wm Daniels St James Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Ridge Cem DATE 7-3 1935

19. UNDERTAKER (ADDRESS) W E Kickleder St James Mo

20. FILED July 2, 1935 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1935, to July 1, 1935

I last saw her alive on July 1, 1935. Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Gall stones

Date of onset

Other contributory causes of importance:

Name of operation Cholecystectomy 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) Arthur McFarland, M. D.

(Address) Rolla Mo.

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.