

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.

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

Do not use this space.

DEC 13 1935

38437

1. PLACE OF DEATH

1 County Adair
2 Township
7 City Kirksville (No.)

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 221
St. Ward)

2. FULL NAME

Permelia F. Piper
(a) Residence, No. 5-10 N. Westpathy St., 2 Ward.

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry H. Piper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-1-1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
53 4 8

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

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

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

13. NAME John Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Lucinda Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT H. H. Piper (ADDRESS) 510 N. Westpathy, Kirksville

18. BURIAL, CREMATION, OR REMOVAL PLACE Evening Star DATE 12-12-1935

19. UNDERTAKER Dee Miller (ADDRESS) Kirksville, Mo

20. FILED Dec 10 1935 J. S. Spencer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4-1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1935, to Dec. 9, 1935

I last saw her alive on Dec 9, 1935. Death is said to have occurred on the date stated above, at 5:40 P.m.

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

Double Pneumonia with cardiac failure Date of onset Nov 30 1935

Other contributory causes of importance:

Influenza

Name of operation ✓ Date of no

What test confirmed diagnosis? ✓ Was there an autopsy? no

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? no

If so, specify.....

(Signed) J. D. McChesney M.D.

(Address) 719 E. Washington Kirksville, Mo.

