

JUN 22 1936

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

Do not use this space. *f*

19291

1. PLACE OF DEATH
 County Iron Registration District No. 391
 Township Academy Primary Registration District No. 4230
 City Ironton (No. _____ St. _____ Ward _____)

2. FULL NAME Stacy, Pearl (Pearl Stacy)
 (a) Residence, No. Fredericktown, 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 36

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 Rester B. Stacy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
31 | 2 | 8

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thayer, Mo.

MOTHER / FATHER
 13. NAME G. A. Fitzgerald
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
 15. MAIDEN NAME Jessie June Radstock
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT Rester B. Stacy, Same
 (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL Methodist Church, 200
 PLACE Walnut Ridge, Ark. DATE May 17, 1936
 19. UNDERTAKER Webb Funeral Home
 (ADDRESS) Fredericktown, Mo.
 20. FILED May 16, 1936 R. A. Pascoe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15th 1936

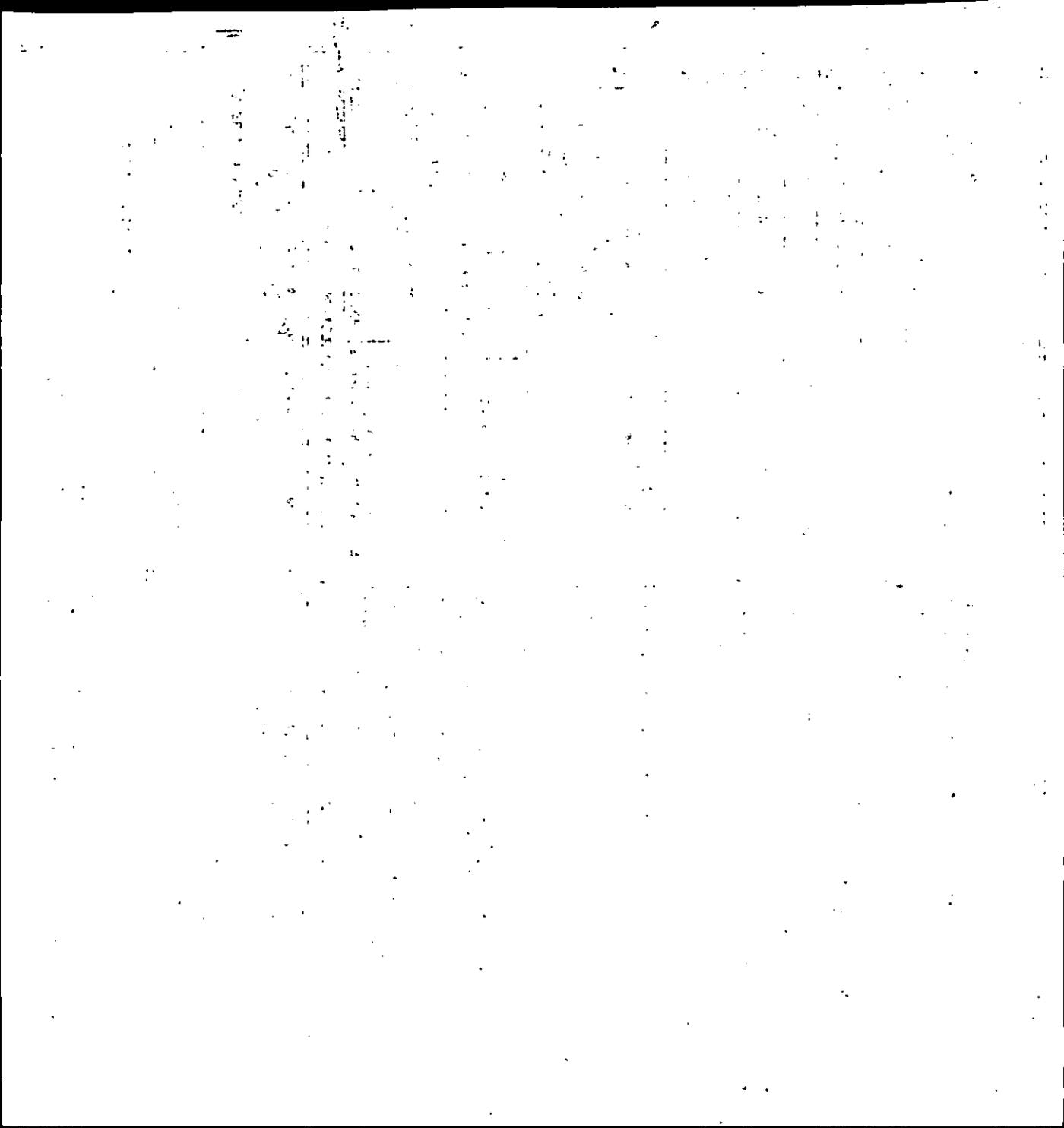
22. I HEREBY CERTIFY, That I attended deceased from 4-7-36, 1936, to 5-15, 1936
 I last saw her alive on 5-15, 1936. Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Peritonitis
100%
 Other contributory causes of importance:
Chronic Tuberculosis

Name of operation Thrombectomy Date of 4-30-36
 What test confirmed diagnosis Spec. Exam 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) George J. _____, M. D.
 (Address) Ironton - Mo.



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Iron Registration District No. 391 File No. _____
 Township Armadia Primary Registration District No. 4230 Registered No. 36
 City Donlon (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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 _____ 4. COLOR OR RACE _____ 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) May 7 1905

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
31 2 8

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

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED Aug 22 1936 R. A. Ratch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above at _____ m.

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

Date of onset _____

PERITONITIS
Peritonitis
 No further information attending physician moved somewhere in Illinois

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) George Gay, M. D.

(Address) Donlon Mo

S-19291