

REC'D JUN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Adair

Registration District No.

4

File No.

17563

Township

Kirkville

Primary Registration District No.

3001

Registered No.

90

City

Kirkville, Mo. ~~U.S.O. of ~~the~~ Hospital~~

St.

Ward

2. FULL NAME

Paralea Pindell ~~2-1-1938~~ 534

(a) Residence, No.

(Usual place of abode)

St.

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)

S.

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

C

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

Dec. 22-1918.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

19

5

17

OCCUPATION

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

at 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.

0

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

Scotland Co. MO.

MOTHER

13. NAME

Clarence Pindell

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

Scotland Co. MO.

15. MAIDEN NAME

Lucy Harbison

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

Scotland Co. MO.

17. INFORMANT (ADDRESS)

Clarence Pindell Downing MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Cemetary

DATE

June 9, 1938

19. UNDERTAKER (ADDRESS)

Lloyd Moore Downing MO.

20. FILED

June 9, 1938

Spencer L. Freeman (address)

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 8, 1938, to June 9, 1938

I last saw her alive on June 9, 1938. Death is said

to have occurred on the date stated above, at 7:20 a.m.

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

Peritonitis
due to strangulation
of bowel

Date of onset

Other contributory causes of importance:

12 hrs.

Name of operation

None

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

Yes W. L. Taylor M. D.

3 (Signed)

Permanence MO

