

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

Do not use this space.

8860

1. PLACE OF DEATH

County Jackson
Township Ross
City 6 Mo

Registration District No. 39
Primary Registration District No. 4606 Montgall

File No. _____
Registered No. 1250
St. _____ Ward _____

2. FULL NAME

Flores B. Pease - 4606 Montgall

(a) Residence. No. 237 N. Thayer Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 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 John M. Pease

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 22nd 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 4 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Hancock Co. Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER John Ketchum

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT John M. Pease
(Address) 237 N. Thayer

15. FILED 20, 19 30 M. M. Grove
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19th 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1930 to March 19, 1930 that I last saw her alive on March 17, 1930 and that death occurred, on the date stated above, at 6:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
carcinoma of the stomach

4606 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Ill.
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X Ray Examination
(Signed) Ben H. Woodland, M. D.
3/20, 19 30 (Address) 630 Angyle Bell

*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 Highland Park DATE OF BURIAL March 21 1930

20. UNDERTAKER Porter and Eads ADDRESS Kausigk Ave

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.

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