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.

JUL 16 1934

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

Do not use this space.

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 3009 — File No. 19736
Township — Primary Registration District No. 5-1-78 — Registered No. 106
City Cape Girardeau (No. Southeast Mo Hosptl St. Ward)

2. FULL NAME Steward, Pearl Ivy
(a) Residence, No. Marston Mo St., Ward. Marston Mo
(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: female
4. COLOR OR RACE: Caucasian
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Steward, Cullen Edward
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-18-1907
7. AGE: YEARS 27 — MONTHS 2 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

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

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

FATHER
13. NAME: McMelon, W. S.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): McClure Illinois

MOTHER
15. MAIDEN NAME: Smith, Cora
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Steward, Cullen Edw. Marston
18. BURIAL, CREMATION, OR REMOVAL
PLACE Marston, Mo DATE 6-29 1934
19. UNDERTAKER (ADDRESS): [illegible]
20. FILED 6-28, 1934 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-28, 1934
22. I HEREBY CERTIFY, That I attended deceased from 6-28, 1934, to 6-28, 1934
I last saw her alive on 6-28, 1934. Death is said to have occurred on the date stated above, at 11 25 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~6/1/2~~ Shock following operation Gall stones	6/1/34
126	
1270	

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 6/28/34
What test confirmed diagnosis? Gall stones 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?
If so, specify
(Signed) O. L. Seibaugh M. D.
(Address) Cape Girardeau Mo

NOV 1 4 1950