

24, 1930

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

Do not use this space
15332

1. PLACE OF DEATH

County Buchanan
Township Marion
City St. Joseph

Registration District No. 82
Primary Registration District No. 5123
(No. 4 Miles N.W. of Clarksdale Mo.)

File No.
Registered No.
St. Ward

2. FULL NAME Mildred Nadine Reardon

(a) Residence No. 4 Miles N.W. of Clarksdale Mo. 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 23, 1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
10 6 6

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph Mo.
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Daniel C. Reardon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clarksdale
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Elva Kessler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Easton
(STATE OR COUNTRY) Missouri

14. INFORMANT Daniel C. Reardon
(Address) Clarksdale Mo. R F D

15. FILED 19... REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1930

17. I HEREBY CERTIFY that I attended deceased from May 28 to May 29 1930 that I last saw her alive on April 30 1930 and that death occurred, on the date stated above, at 4:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hydrocephalus

157A
8.5 (duration) from birth yrs. mos. ds.

CONTRIBUTORY (SECONDARY) epilepsy (duration) 1 yrs. mos. ds.

18. 15900 ✓
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF...
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John J. Dwyer M. D.
May 29, 1930 (Address) Dr. Joseph W...

*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 New Hurlinger Cemetery
DATE OF BURIAL May 31 1930

20. UNDERTAKER H. L. Sidenfaden
ADDRESS 1802 Union St.

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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[The main body of the document is extremely faint and illegible. It appears to be a memorandum with several paragraphs of text, but the content cannot be discerned.]

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Douglas Registration District No. 82 File No. 6
 Township Union Primary Registration District No. 5-123 Registered No. 6
 City (No. _____) _____ St. _____ Ward _____

2. FULL NAME

Mildred Nadine Pearson
 (a) Residence No. 4 miles N.W. of Clarksdale Mo
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23 - 1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
10 6 6

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St Joseph Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Daniel C Pearson

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

12. MAIDEN NAME OF MOTHER Dora Kessler

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

14. INFORMANT Daniel C Pearson
 (Address) Clarksdale Mo. R.F.D.

15. FILED 7/10, 1920 W.F. Bigham M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1920

17. I HEREBY CERTIFY That I attended deceased from May 1 to May 27, 1920
 that I last saw him Apr 11 1920 and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hydrocephalus
from birth
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY Epilepsy
 (SECONDARY) (duration) 1 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

Did an operation precede death? no DATE OF _____

Was there an autopsy? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) John J. Bone, M. D.

27 St Joseph Mo (Address)

*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 New Hurlinger Cem. DATE OF BURIAL 19

20. UNDERTAKER H. V. Sidenfaden ADDRESS 1807 Union St St Joseph

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5-15842