MAY 25 1927

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

Do not use this space.

11043

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 428

City St. Joseph, Mo. (No. 1302 South 24th Street St. Ward)

2. FULL NAME Robert Gene Pearce

(a) Residence. No. 1302 South 24th Street, 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. 27 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)
Male	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 26, 26

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Norman L. Pearce

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Springfield, (STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Forrest Fairfax,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Warson, (STATE OR COUNTRY) Illinois

14. INFORMANT Mr. N. L. Pearce, (Address) 1302 South 24th Street

15. FILED APR 23 1927 John G. Utz Sd. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1927

17. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ Crew on April 23, 1927, to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 6:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Bronchial Pneumonia

1004

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Unknown

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Crew & History

(Signed) J. W. Mayer Coroner, M. D

4-23, 1927 (Address) St Joseph Mo

*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	DATE OF BURIAL
Mt Auburn Cem.	4-25 1927
20. UNDERTAKER	ADDRESS
Fleeman - Faris	1208 Francis

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.