26 1928

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.

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

Do not use this space.

21348

1. PLACE OF DEATH
County New Madrid — Registration District No. 604 — File No. 592
Township — Primary Registration District No. 5 8 6 2 — Registered No.
City New Madrid (No. ..... St. ..... Ward)

2. FULL NAME Columbus Pearson
(a) Residence. No. ..... St., ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ab-Pearson

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

7. AGE: YEARS 79 | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min.

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): New Madrid
(STATE OR COUNTRY): MO

PARENTS
10. NAME OF FATHER: John Fauster
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Patsy Fauster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): MO

14. INFORMANT: Tom Pearson
(Address) New Madrid MO

15. FILED 6/22/1928. W. O'Bannon, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6-20 1928

17. I HEREBY CERTIFY, That I attended deceased from 4 10, 1928, to 6-20, 1928, that I last saw her alive on 6-19-, 1928, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Hart Failure - from Mitral valve lesion

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

CONTRIBUTORY (SECONDARY): Nephritis

(duration) ..... 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? Physical Signs
(Signed) W L Dyke, M. D
, 19 (Address) New Madrid 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: East Side Cemetery — DATE OF BURIAL: 6/24 1928

20. UNDERTAKER: Richards Und Co. — ADDRESS: New Madrid MO.