

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

Do not use this space.

40109

1. PLACE OF DEATH

County Maion
Township Liberty
City Palmyra (No.)

Registration District No. 5-48
Primary Registration District No. 5-740

File No.
Registered No. 5-6 St. Ward)

2. FULL NAME

Clarence L. Pealer

(a) Residence. No. St. 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep. 1 - 1903

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>27</u>	<u>2</u>	<u>29</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Shannon Co. Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Lee Pealer

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

12. MAIDEN NAME OF MOTHER Uma Jennings

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

14. INFORMANT Clyde Finley
(Address) Palmyra, Mo.

15. FILED 12-31-1930 Clarence L. Pealer
REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 30 1930

17. I HEREBY CERTIFY, That I attended deceased from
Dec. 26, 1930 to Dec. 30, 1930
that I last saw him alive on Dec. 30, 1930, and that death occurred, on the date stated above, at 8:20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1) Brain abscess, right frontal lobe
2) Cavernous sinus thrombosis 825
3) meningitis, streptococci 1075
(duration) 0 yrs. 0 mos. 2 ds.
(PRIMARY) Streptococci frontal and ethmoidal
CONTRIBUTORY sinusitis with necrosis of ethmoidal plate of ethmoid (duration) 0 yrs. 0 mos. 11 ds.
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED New London, Mo.
IS NOT AT PLACE OF DEATH

DID AN OPERATIVE PROCEDURE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? No
WHAT TESTS CONFIRMED DIAGNOSIS? lumbar punctures and microscopic examinations of spinal fluid
(Signed) Thomas Horan Honey M. D.

Dec. 31, 1930 (Address) Palmyra, 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 Palmyra, Mo.
Bier Cemetery DATE OF BURIAL Jan. 1 1931

20. UNDERTAKER E. J. Sprague ADDRESS Palmyra, Mo.

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.

1930 19

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