

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

Do not use this space.

5400

1. PLACE OF DEATH

64 County Marion Registration District No. 547
Township X Primary Registration District No. 29
City Hannibal (No. 718), Hill St. _____ Ward _____

File No. _____
Registered No. 64
St. _____ Ward _____

2. FULL NAME

Nellie Pearson
(a) Residence, No. 718 Hill 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Pearson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 10 3
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) Not known
Sweden

13. NAME Bingston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
Sweden

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
Sweden

17. INFORMANT John Pearson, Husband
(ADDRESS) 718 Hill Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive DATE Feb 27, 1935

19. UNDERTAKER Wm M Smith
(ADDRESS) 213 1/2 Broadway Hannibal, Mo

20. FILED Feb 27 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 24 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1932 to Feb 24, 1932
I last saw her alive on Feb 24, 1932 Death is said to have occurred on the date stated above, at 10.00 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach Date of onset not known
H.B.
46
Other contributory causes of importance: none
1

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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) J. C. Britton, M. D.
(Address) 500 Broadway Hannibal, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAR 24 1932

