

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.

6682

1. PLACE OF DEATH

County .....

Registration District No. ....

Township .....

Primary Registration District No. ....

City *St. Louis* (No. *City Hospital*)

791  
1002

File No. ....

Registered No. **1757**

St. .... Ward)

2. FULL NAME

(a) Residence, No. *1455 Monroe* St. *Ward 26*  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *68* 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*) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *George Pearson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 26 - 1860*

7. AGE	YEARS	MONTHS	DAYS	if LESS than 1 day, ..... hrs. or ..... min.
	<i>71</i>	<i>11</i>	<i>23</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *housework*

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) *New Jersey ?*

13. NAME *Roland Wooley*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England ?*

15. MAIDEN NAME *Not known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

17. INFORMANT (ADDRESS) *Hospital information*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellevue Cemetery* DATE *Feb 22 1932*

19. UNDERTAKER (ADDRESS) *Goodhart & Goodhart*

20. FILED *Feb 23 1932*

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 19th 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 4th 1932 to Feb. 19th 1932*

I last saw her alive on *Feb. 19th 1932* Death is said to have occurred on the date stated above, at *9.45 P.M.*

The principal cause of death and related causes of importance were as follows:

*59*  
*956*  
*Chronic myocarditis ?*  
*59*  
Other contributory causes of importance:  
*Diabetes mellitus ?*

Name of operation ..... Date of .....  
What test confirmed diagnosis? *Cholesterol* 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 ..... *1*  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify .....  
(Signed) *Walter S. ...* M. D.  
(Address) *City Hospital*

Hanson