

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.

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

Do not use this space.

2069

1. PLACE OF DEATH
 53 County Laclede Registration District No. 277
 Township Mayfield Primary Registration District No. 5610
 City..... (No.....) St..... Ward.....

2. FULL NAME Francis Marion Pearey
 (a) Residence, No..... St..... Ward.....
 (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. (If nonresident, give city or town and State)

File No.....
 Registered No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Paula Pearey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) max 114. 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 10 7

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

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) Mo.

MOTHER FATHER
 13. NAME Frank Pearey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER FATHER
 15. MAIDEN NAME Lucinda Pearey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT W. W. Pearey
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Stoutland Mo. DATE Jan 22, 1933

19. UNDERTAKER Traw & Ervass
 (ADDRESS)

20. FILED Feb. 5, 1933 b. E. Carlton
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1933

22. I HEREBY CERTIFY, that I attended, deceased from Dec. 15, 1932, to Jan 21, 1933
 I last saw him alive on Jan 20, 1933 Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset 131/131

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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) b. E. Carlton, M. D.
 (Address) Stoutland Mo.

