

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.

JUL 20 1933

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

Do not use this space.

19053

1. PLACE OF DEATH
 County Caldwell Registration District No. 46
 Township Hamilton Primary Registration District No. 4058
 City Hamilton (No. _____, St. _____, Ward _____)

2. FULL NAME Ida Josephine Pearse
 (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 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 Pearse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 17

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

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) Cameron, Mo.

13. NAME Samuel E. Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

15. MAIDEN NAME Udoria J. Perry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known.

17. INFORMANT (ADDRESS) Robert S. Pearse, Hamilton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cemetery DATE June 15, 1933

19. UNDERTAKER (ADDRESS) Bram & Son, Hamilton, Mo.

20. FILED June 24, 1933 Ida Pearse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1932 to June 13, 1933. I last saw h. u alive on June 13, 1933. Death is said to have occurred on the date stated above, at 9:30 P. M.

The principal cause of death and related causes of importance were as follows:
Pericarditis Aneurysm
71A
71A

Date of onset Sept 1932

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? h. h. 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 _____
 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? No
 If so, specify _____
 (Signed) Herbert R. Booth, M. D.
 (Address) Hamilton Mo.

