

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

Do not use this space.

35387

1. PLACE OF DEATH
 103 County Stoddard Registration District No. 840
 Township Overton Primary Registration District No. 6102
 City (No. _____ St. _____ Ward _____)

2. FULL NAME Mary Ellen Pearson
 (a) Residence, No. Highway 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. 29

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 19 = 1848
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 6 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9th, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Sept 25th, 1933, to Oct 9th, 1933.
 I last saw him alive on Oct 9th, 1933. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Old age
 Date of onset

Other contributory causes of importance:
Heart trouble

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
 13. NAME Marion Robertson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
 15. MAIDEN NAME Hollie Glenn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alta Ala
Large Pearson
 17. INFORMANT (ADDRESS) Rupie
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rupie DATE 9-10th, 1933
 19. UNDERTAKER (ADDRESS) H. L. ...
Rupie
 20. FILED Oct 10, 1933 E. L. Hope Registrar.

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) V. L. Weather, M. D.
 (Address) Rupie 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.

NOV 10 1933

2

31

82

