FEB 27 1934

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

Do not use this space.

1997

23

1. PLACE OF DEATH
County Newton — Registration District No. 609 — File No. 11
Township Neosho — Primary Registration District No. 5808 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Ransom Pearman

(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: 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~~ Anna Pearman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1876

7. AGE: YEARS 57 — MONTHS 8 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
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) Hardin County Kentucky

FATHER
13. NAME B J Pearman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Mildred Fife
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) B J Pearman Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE 2007 Cem. DATE Jany 20 1934

19. UNDERTAKER (ADDRESS) Bigham's Neosho Mo

20. FILED 2-3 1934 Dr E M Roseberry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany 18 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... 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:

Accident Gun Shot Wound in left eye - Bullet lodging in brain

Date of onset: 17

Other contributory causes of importance:
Gun supposed to have accidentally discharged while Mr Pearman was cleaning it

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? Accident Date of injury 1/18, 1934
Where did injury occur? at his home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Neosho Mo
Manner of injury Gun Shot Wound
Nature of injury bullet in left eye

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Ashley Bigham Coroner, M.D.
(Address) Neosho Mo

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.

WRITE PLAINLY, WITH UNFADING INK

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