R 25 1934

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.

1. PLACE OF DEATH
County: Buchanan
Registration District No.: 85
File No.: 7948
Township:
Primary Registration District No.: 1001
Registered No.: 358
City: St. Joseph, Mo. (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: Ona Pearce
(a) Residence, No.: 910 North Third 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: Harold Pearce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 14 1892

7. AGE: Years 41 Months 6 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Mt. Hope, Kansas

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

17. INFORMANT (ADDRESS): Harold Pearce, St. Joseph, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland DATE: March 26, 1934

19. UNDERTAKER (ADDRESS): Flzeman Mortuary, Inc., St. Joseph, Mo.

20. FILED: 3-26, 1934 John A. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1934, to 3/22, 1934
I last saw her alive on 3/21, 1934. Death is said to have occurred on the date stated above, at 6:05 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of Small Intestine,	
Acute Ileum,	