

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Madaway
Township.....
City Maryville (No.....)

Registration District No. 625
Primary Registration District No. 3031

File No. 13712
Registered No. 147
St..... Ward)

2. FULL NAME

(a) Residence, No..... St..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? 2 yrs. 2 mos. 2 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 Cora Slaughter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1903

7. AGE YEARS 30 MONTHS 9 DAYS 3 IF LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burlington Railroad Shop
Auto Garage

10. Date deceased last worked at this occupation (month and year) March 1934 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saraland, Mo.

13. NAME James Pearson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Mo.

15. MAIDEN NAME Emma Clouse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockport, Mo.

17. INFORMANT James Pearson (ADDRESS) Shewardoak Down

18. BURIAL, CREMATION, OR REMOVAL PLACE Saraland, Mo. DATE Apr 26 1934

19. UNDERTAKER J. B. Harding (ADDRESS) Shewardoak

20. FILED 4-28 1934 Mamie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 24 1934

22. I HEREBY CERTIFY, That I attended deceased from April 23 34 to April 24 34

I last saw him alive on April 24 1934 Death is said to have occurred on the date stated above, at 10:55 P.

The principal cause of death and related causes of importance were as follows:

Typhoid fever with perforation and Peritonitis Date of onset

Other contributory causes of importance: 123A
129

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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....., 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? No

If so, specify..... (Signed) Chas. Bell, M. D.

(Address) Maryville, Mo.

