

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

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No. _____)

Registration District No. 104
Primary Registration District No. 3008

File No. 23464
Registered No. 142
St. _____ Ward _____

2. FULL NAME Helen Pearce

(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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3/24-1868</u>					
7. AGE	YEARS <u>66</u>	MONTHS <u>3</u>	DAYS <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>				
	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) <u>ILL</u>					
FATHER	13. NAME <u>Jacob Huber</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ILL</u>				
MOTHER	15. MAIDEN NAME <u>Smyth, a. siton</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ILL</u>				
17. INFORMANT <u>Raf Pearce</u> (ADDRESS) <u>Fulton Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>7/4 34</u> PLACE <u>Family Cemetery</u> DATE _____ 19____					
19. UNDERTAKER <u>Thermon Taylor</u> (ADDRESS) <u>Fulton</u>					
20. FILED <u>July 3 1934</u> <u>Registrar</u>					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1934

22. I HEREBY CERTIFY that I attended deceased from July 2 1934, to July 3 1934
I last saw him alive on July 3 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris Date of onset 12-34
92R
94A
92W

Other contributory causes of importance:
Myocardial + Aortic Stenosis
Several years

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) A. Nelson, M. D.
(Address) Fulton 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.

AUG 10 1934

