

NOV 15 1934

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

Do not use this space.

36802

## 1. PLACE OF DEATH

County NewtonRegistration District No. 609File No. 109Township NeoshoPrimary Registration District No. 4363

Registered No. \_\_\_\_\_

City Neosho (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Coral C. Pearson(a) Residence, No. 201 Hamilton St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Ida Pearson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6, 18677. AGE YEARS 65 MONTHS 2 DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

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

12. BIRTHPLACE (CITY OR TOWN) Newton (STATE OR COUNTRY) Missouri13. NAME James R. Pearson14. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY) \_\_\_\_\_15. MAIDEN NAME Eliza King16. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY) \_\_\_\_\_17. INFORMANT Mrs. Ida Pearson (ADDRESS) Neosho Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE 2009 Newton Mo. DATE 10-14 193419. UNDERTAKER Edy Thompson (ADDRESS) Neosho Mo.20. FILED 10-12 1934 Dr. E. M. Roseberry Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12, 193422. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to Oct. 12, 1934I last saw one call only alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10 A.M.

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

27 Epoplexy Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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) D. C. Culler, M. D.(Address) 324 S. Hamilton, 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.

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