

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.

MAR 21 1935

4736

1. PLACE OF DEATH

County Way Registration District No. 198
 Township Washington Primary Registration District No. 5278
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Eva F. Pearson
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. H. Pearson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 2-1893</u>		
7. AGE <u>42</u>	YEARS	MONTHS <u>2</u>
		DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>25-</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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1935, to Feb. 9, 1935
 I last saw her alive on Feb. 8, 1935. Death is said to have occurred on the date stated above, at 1:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia
 Date of onset _____

Other contributory causes of importance:
Asphyxia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo.

13. NAME Chas. B. Stephenson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Mary Bradley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo.

17. INFORMANT (ADDRESS) Geo. H. Pearson
Holt, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Paradise, Mo. DATE Feb. 11, 1935

19. UNDERTAKER (ADDRESS) L. F. Ralston
Platte Co. Mo.

20. FILED Feb. 9, 1935 Mr. R. W. Crockett
Registrar

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) [Signature], M. D.
 (Address) Franklin, Mo.

Mr. J. D. Crowe
Ex. Dep. No. 10.

91

1885

1885

1885