

AUG 19 1936

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

Do not use this space.

26090

1. PLACE OF DEATH

County W. KalbRegistration District No. 264Township W. 10 N.Primary Registration District No. 8367City W. Kalb (No.)St. Ward

2. FULL NAME

Eppie Pearl(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 Female 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 Frank Pearl6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 18847. AGE YEARS 52 MONTHS 1 DAYS 11 If LESS than 1 day,hrs. ormin.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....12. BIRTHPLACE (CITY OR TOWN) W. Kalb Co (STATE OR COUNTRY) Mo13. NAME Life Epperson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Mary Burris16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT L. E. Epperson (ADDRESS) W. Kalb Co18. BURIAL, CREMATION, OR REMOVAL PLACE Fairport DATE July 12 193619. UNDERTAKER Gilbromer (ADDRESS) W. Kalb Co20. FILED July 12 1936 Registrar Mr. H. H. H. H. (Address) W. Kalb Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 193622. I HEREBY CERTIFY, That I attended deceased from March 14 1936 to July 11 1936I last saw him alive on June 15 1936 Death is said to have occurred on the date stated above, at m.

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

Pulmonary Tuberculosis Date of onset Other contributory causes of importance: Lung hemorrhage

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) Dr. H. H. H. H.Address W. Kalb Co

