Harwell

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.

SEP 18 1936

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

Do not use this space.

30069

1. PLACE OF DEATH
County Butler
Township Poplar Bluff,
City ~~Poplar Bluff~~, Mo. (No. 2 mi. S. of P. Bluff, Mo. St. Ward)
Registration District No. 89
Primary Registration District No. 5131
File No.
Registered No. 196

2. FULL NAME Robert Gilbert Pearce
(a) Residence, No. 2 Mile S Poplar Bluff St., Mo. 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26/19/23
7. AGE YEARS 13 MONTHS 3 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child
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) Neelyville, Missouri.

FATHER
13. NAME Ede Pearce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Illinois.

MOTHER
15. MAIDEN NAME Maud Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Naylor Missouri.

17. INFORMANT (ADDRESS) Ede Pearce Poplar Bluff, Mo.
18. BURIAL, CREMATION, OR REMOVAL Black Creek Cem.
PLACE Poplar Bluff, DATE 8/18/36 19
19. UNDERTAKER (ADDRESS) Frank Und Co. Poplar Bluff, Mo.
20. FILED 8/18 1936 O. Hutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/17/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1936, to Aug. 17, 1936
I last saw him alive on Aug 16, 1936. Death is said to have occurred on the date stated above, at 10.10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy with convulsion	10 yrs. 1 wk.
Other contributory causes of importance: Injury to head ?? (Kicked by horse)	10 yrs.

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1926
Where did injury occur? unknown (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Kicked in head by
Nature of injury horse resulting in Epilepsy

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. Lester Harwell, M. D.
(Address) Poplar Bluff, Mo.