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 25 1936

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

Do not use this space.

File No. 31486

Registered No.

1. PLACE OF DEATH
County: Laclede
Registration District No. 449
Primary Registration District No. 4267
Township:
City: Lebanon (No. , St. Ward)

2. FULL NAME: James Anderson Pearcy

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Olive Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 7th 1860

7. AGE: Years 76 Months 6 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): Laclede Co. Mo.

FATHER
13. NAME: L. H. Pearcy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Elizabeth McDaniel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): J. E. Pearcy Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pearcy Cemetery DATE: Aug 24 '36

19. UNDERTAKER (ADDRESS): Palmer & Johnson

20. FILED 8-25, 1936 J. A. McCourb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1935, to Aug. 23, 1936
I last saw him alive on Aug. 23, 1936. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis & Pneumonia	1935
in Phthisis	
121	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? None. 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) H. A. Hamilton, M. D.
(Address) Lebanon, Mo.