

APR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Permiscol
Township Bruggadois
City (No.) St. Ward)

Registration District No. 653
Primary Registration District No. 5871

File No. 12894
Registered No. 35

2. FULL NAME Pearl Maynard

(a) Residence, No. Deering 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. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1937

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

22. I HEREBY CERTIFY That I attended deceased from March 28, 1937, to March 29, 1937.

I last saw her alive on March 29, 1937. Death is said to have occurred on the date stated above, at 7 a. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5 - 19 1920

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
10 10 20

Lobar Pneumonia Date of onset 3-21-37

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

Other contributory causes of importance: 108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bruggadois Mo

Name of operation none Date of

FATHER 13. NAME William H. Maynard

What test confirmed diagnosis? Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Permiscol Mo

MOTHER 15. MAIDEN NAME Mary Lane

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humbert Tenn.

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Deering Mo
Willie H. Maynard

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deering DATE 3-30 1937

Manner of injury

19. UNDERTAKER (ADDRESS) W. R. Adams

Nature of injury

20. FILED Mar 31 1937 J. W. Lloyd Registrar

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. W. Lloyd, M. D.
(Address) Loft Arkansas

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

