JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County Caldwell — Registration District No. 96
Township Gomer — Primary Registration District No. 1948
City ..... (No. 9 ....., ... St. ..... Ward)

File No. 23309
Registered No. 24

2. FULL NAME John Pearse

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
84	3	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Seaforth, Canada

FATHER
13. NAME Robert John Pearse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Devonshire, England

MOTHER
15. MAIDEN NAME Martha Brownlow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT (ADDRESS) Robert S. Pearse, Hamilton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hamilton DATE June 30, 1937

19. UNDERTAKER (ADDRESS) Bram & Sons, Hamilton, Mo.

20. FILED June 30, 1937 Merle Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1937, to June 28, 1937
I last saw him alive on June 24, 1937. Death is said to have occurred on the date stated above, at 4:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Sudden Death)	6/28/37

Other contributory causes of importance:
Arteriosclerosis
Generalized

Name of operation None Date of .....
What test confirmed diagnosis? Physician 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) Herbert R. Booth, M. D.
(Address) Hamilton Mo

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.