

P 16 1937

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

Do not use this space.

PLACE OF DEATH

County Cass
Ward Sherman
City Brighton

Registration District No. 150
Primary Registration District No. 4084

File No. 30370
Registered No. _____

FULL NAME

Pearl Hebe

(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

4. COLOR OR RACE emal American 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Husband of Ernest Hebe

AGE OF BIRTH (MONTH, DAY, AND YEAR) July 26-1875

YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>62</u>	<u>0</u>	<u>10</u>	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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

PLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

NAME John D. Livingston

BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

MAIDEN NAME Mary Frances Harper

BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

FORMANT Mrs. Nina McConville (ADDRESS) Pleasant Hill, Mo.

RIAL CREMATION, OR REMOVAL Pleasant Hill, Mo. (ADDRESS) St. Louis Cemetery DATE Aug. 8-1937

BERTAKER D. A. Wolfinger (ADDRESS) Pleasant Hill, Mo.

ED W. L. Clemmings (ADDRESS) Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1937, to Aug 6 1937

I last saw him alive on July 29 1937 Death is said to have occurred on the date stated above, at 7:30 P. M.

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

Date of onset _____

Other contributory causes of importance: 4/6

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 1
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Edgar M. Giffith M. D.
(Address) Harrisville, Mo.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cass Registration District No. 150
Township _____ Primary Registration District No. 4084
City Creighton (No. _____) St. _____ Ward _____

File No. 30370
Registered No. _____

2. FULL NAME

(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) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 0 10

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED Exp 1 1937 Missouri Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. 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:

Date of onset _____

Other contributory causes of importance: _____

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) Edgar M. Griffith, M. D.

(Address) Parisowille, Mo.

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-36370