

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

Do not use this space.

RECEIVED DE 1938

County Bartau  
 Township Maize  
 City Millfield (No. ....)

Registration District No. 43  
 Primary Registration District No. 6067

File No. 5971  
 Registered No. ....  
 St. .... Ward)

2. FULL NAME Sarah E. Pearson 62<sup>85</sup>  
 (a) Residence, No. .... St. .... Ward.  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14<sup>th</sup> 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ....hrs. or ....min.  
82 2 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) Grandford Ky

13. NAME Geo Hammond

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

15. MAIDEN NAME unknown

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

17. INFORMANT Clarence Pearson (ADDRESS) Raymond City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis DATE 3-1-38

19. UNDERTAKER Rivers (ADDRESS) Raymond City, Mo

20. FILED 3/9/38 1938 Harvey B. Wilcox Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 1938, to ....., 1938.  
 I last saw h. .... alive on ....., 1938. 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:

Mrs Pearson was found dead in bed about 9 o'clock am and had probably been dead for 6 hours.

Other contributory causes of importance:  
Probably heart condition that caused death.

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 ....., 1938.

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) C. E. Decker 4, M. D.

(Address) Raymond Mo.

Coroner of Bartau County, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X704

~~Handwritten scribbles~~  
~~Handwritten scribbles~~  
~~Handwritten scribbles~~  
~~Handwritten scribbles~~  
~~Handwritten scribbles~~  
~~Handwritten scribbles~~