

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

Do not use this space.

44789

1. PLACE OF DEATH

County Washington
Township Kingston
City Bliss (No. 260)

Registration District No. 976
Primary Registration District No. 6187

File No. 10
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Odella Anne Pecar

(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

F

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

child

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

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

Sept. 18, 1931

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

7

2

12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Bliss, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas Simon Pecar

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Richwoods, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bessie Hillmar

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bliss, Mo.
(STATE OR COUNTRY)

14. INFORMANT Simon Pecar 805
(Address) Bliss, Mo.

15. FILED Dec 3 1938
Chas. Martine
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30 1938

17. I HEREBY CERTIFY, That I attended deceased from May, 1938, to Nov., 1938, that I last saw her alive on Sept 18 P, 1938, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

tuberculosis of Meninges

24 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. H. Presswell M. D.

, 19 (Address) Palmer, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Old mines

DATE OF BURIAL

12-1 1938

20. UNDERTAKER

ADDRESS

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.

