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.

REC'D AUG 18 1939

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

Do not use this space.

1. PLACE OF DEATH
County Osage
Township Benton
City Chamois, Mo. (No. ..... St. ..... Ward)

Registration District No. 639
Primary Registration District No. 5848

File No. 26422
Registered No. .....

2. FULL NAME 640 William. T. Pearl

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Married Inez Pearl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug, 2-1864

7. AGE: YEARS 74 | MONTHS 9 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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): Chamois, Mo.

FATHER
13. NAME: William Pearl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marthasvill, Mo.

MOTHER
15. MAIDEN NAME: Virginia Waller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marthasvill, Mo.

17. INFORMANT (ADDRESS): Waller E. Pearl Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chamois, Mo. DATE July, 11, 1939

19. UNDERTAKER (ADDRESS): Otto T. Stocksick Chamois Mo.

20. FILED July 11, 1939 Esther Souder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July-9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-6-37, 1937 to 7-9-, 1939
I last saw him alive on 7-9, 1939. Death is said to have occurred on the date stated above, at 5-pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Cl + phys 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? .....
If so, specify .....
(Signed) Wm. V. McKnelly, M. D.
(Address) Chamois Mo