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

33050
Do not use this space.

1. PLACE OF DEATH
(a) County Morgan
(b) Township Moreau
(c) City Versailles
Registration District No. 598
Primary Registration District No. 7355
Registered No. 28
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Glory Dor Pearl
(a) Residence, No. Versailles, Missouri St.
(Usual place of abode, if no street address, write county or city) (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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5- 1937
7. AGE: Years 1 | Months 9 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as 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) Versailles, Mo.

FATHER
13. NAME Orval Pearl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Mo.

MOTHER
15. MAIDEN NAME Minnie Whittle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Mo.

17. INFORMANT (ADDRESS) Orval Pearl Versailles, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles City DATE ..... 19..
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Kidwell Versailles Mo.
20. FILED Sept. 7, 1939 Will F. Berry Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1939
22. I HEREBY CERTIFY, That I attended deceased from July 2- 1939, to July 6th 1939
I last saw him alive on July 6th 1939. Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	July 1st.
Other contributory causes of importance:	
Whooping Cough	6 wks

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) W. G. Gunn, M. D.
(Address) Versailles Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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

71 4 6

RECEIVED
District Health Officer No. 7,
District File Number 7-39-1347
Date Filed 9-19-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Gene Bartram, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Gene Bartram

Licensed Embalmer No. 4021

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.