

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

Do not use this space.

9902

1. PLACE OF DEATH
 County Monroe Registration District No. 919
 Township Lawrence Primary Registration District No. 5793 a
 City Monroe Mo (No.) St. Ward

2. FULL NAME Infant 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 30th 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>+</u>	<u>1</u>	<u>10</u>	<u>10</u>	<u> </u>

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) (STATE OR COUNTRY) Pithers Co Mo

10. NAME OF FATHER George Pearl

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

12. MAIDEN NAME OF MOTHER Eric Moffitt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Howell Co Mo

14. INFORMANT Lee Pearl
 (Address) Stover mo

15. FILE NO. Apr 12th 28 Wm. Ripberger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 10th 1928

17. I HEREBY CERTIFY, That I attended deceased from , 1928, to , 1928, that I last saw him alive on , 1928, and that death occurred, on the date stated above, at 100 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental from natural causes.

187 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. S. Bridges M. D.
 , 1928. (Address) Stover 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. W. Ripberger M.D.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stover cemetery DATE OF BURIAL Mar 10th 1928

20. UNDERTAKER ADDRESS

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.

MENT RECORD

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FOR REPORT TO THE DIRECTOR OF THE FBI
Exact nature of OCCUPATION is very

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**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 Morgan Registration District No. 919 File No. _____
 Township Law Creek Primary Registration District No. 5-793a Registered No. 71
 City _____ (Name) _____ St. _____ (Ward) _____

2. FULL NAME Infant 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m **4. COLOR OR RACE** w **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (with the word)

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.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 10 1928

17. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____, (that I last saw him _____ since on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental from
Natural causes

CONTRIBUTORY (SECONDARY) Cause by bed blankets covered over head _____ (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH: _____ DATE: 1928
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS: _____
 (Signed) _____, M. D.
 _____, 19____ (Address)

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
	19____
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

REGISTRARS SHALL RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW
 PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.
 CAUSE of DEATH should be classified. Exact statement of OCCUPATION is very important.
 AGE should be stated EXACTLY.
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 UNDERTAKER should be stated EXACTLY. UNDERTAKER should be stated EXACTLY. UNDERTAKER should be stated EXACTLY. UNDERTAKER should be stated EXACTLY.
 ADDRESS should be stated EXACTLY. ADDRESS should be stated EXACTLY. ADDRESS should be stated EXACTLY. ADDRESS should be stated EXACTLY.

14. INFORMANT (Address) _____

15. Date Apr 10 28 Paul Rasperger
 REGISTRAR

S-1902