

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

Do not use this space.

31238

1. PLACE OF DEATH

107 County Logan Registration District No. 1097
Township Clinton Primary Registration District No. 6136
City _____ (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Nancy Adeline Pearson
(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 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Pearson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 8-1852</u>				
7. AGE	YEARS <u>80</u>	MONTHS <u>7</u>	DAYS <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home keeper</u>			
	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) <u>Georgia</u>				
FATHER	13. NAME <u>W. P. Rudd</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia</u>			
MOTHER	15. MAIDEN NAME <u>Selshah Pearson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilmington</u>			
17. INFORMANT <u>Mrs. J. E. Hook</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hill Crest</u> DATE <u>9-4-1932</u>				
19. UNDERTAKER (ADDRESS) <u>Doty Funeral Home Res. Staff</u>				
20. FILED <u>Rep 2</u> 19 <u>32</u> <u>J. D. Weatherman</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/8 1932, to Aug 3 1932
I last saw him alive on Aug 30 1932 Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cardiac insufficiency & nephritis Date of onset _____

Other contributory causes of importance:
132A 95B 95C

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? No
If so, specify _____
(Signed) J. M. Hubbard _____ M. D.
(Address) 1001 1/2 Ave. W. 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.

SEP 27 1932

