

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.

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

Do not use this space.

33438

AUG 31 1936

1. PLACE OF DEATH

County Vernon Registration District No. 873
Township Washington Primary Registration District No. 616.2
City Meriden (No.) St. Ward)

File No.
Registered No. 224

2. FULL NAME

Pearson, Lanna Ann
(a) Residence, No. State Hospital no 3, Nevada Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T. M. Pearson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11, 1859
7. AGE YEARS 76 MONTHS 11 DAYS 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Warren County Kentucky

13. NAME James Rickman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1 Kentucky

15. MAIDEN NAME Elizabeth Kitchers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Kentucky

17. INFORMANT (ADDRESS) Mrs. Sarah B. Warner Meriden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Meriden Mo DATE Aug 5 1936

19. UNDERTAKER (ADDRESS) Dr. W. G. ... Meriden Mo

20. FILED Aug 5 1936 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Aug 5 1936
I last saw her alive on Aug 5 1936 Death is said to have occurred on the date stated above, at 5:30 p. m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset 8-4-36

Other contributory causes of importance:
Chronic Myocardial failure
Heat Exhaustion

Name of operation None Date of
What test confirmed diagnosis? Clinical 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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Roy W. Pearce Jr. M. D.
(Address) State Hospital no 3, Nevada Mo

