

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

Do not use this space.

REC'D JAN 20 1939

1. PLACE OF DEATH

County Moxy Registration District No. 439
 Township Greensburg Primary Registration District No. 425775596
 City Warrens R 7 D St. _____ Ward _____

File No. 43558

Registered No. 11

2. FULL NAME

Elva Dora Pearce
 (a) Residence, No. _____ St. _____ Ward. Warrens R 7 D
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX	4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
	<u>Female</u>		<u>White</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		<u>Henry Pearce</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 14 - 1866</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>3</u>	<u>5</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>			
	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>Scotland Co Mo</u>				
MOTHER	13. NAME <u>James Pearce</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
	15. MAIDEN NAME <u>Emily Caldwell</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>			
17. INFORMANT (ADDRESS) <u>Royster Pearce</u> <u>Warrens Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greensburg</u> DATE <u>Dec 21 1938</u>				
19. UNDERTAKER (ADDRESS) <u>Shelby Bassett</u> <u>Memphis Tenn</u>				
20. FILED <u>Dec 21 1938</u> (Mrs) <u>Marjorie Bushe</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1938, to Dec 19 1938.
 I last saw her alive on Dec - 19 1938. Death is said to have occurred on the date stated above, at 8:50 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset _____

Other contributory causes of importance: _____

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) E. E. Symmonds M.D.
 (Address) Memphis, Mo.

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1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No.....) St.....

File No.....
Registered No.....
St.....

2. FULL NAME.....

(a) Residence, No..... St..... Ward.....
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX..... 4. COLOR OR RACE..... 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).....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

FATHER 13. NAME.....

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....

MOTHER 15. MAIDEN NAME.....

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. Undertaker (ADDRESS).....

20. Number 10-38-874 Registrar.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)..... 19.....

22. I HEREBY CERTIFY, That I attended deceased from..... 19..... to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m. The principal cause of death and related causes of importance were as follows:

Date of onset.....
.....
.....
.....

Other contributory causes of importance:

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).....
(Address).....

ED
Health Officer No. 10
Number 10-38-874
11-88