

REC'D SEP 21 1939

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

30436
Do not use this space.

1. PLACE OF DEATH
 (a) County Vernon Registration District No. 875
 (b) Township _____ Primary Registration District No. 3039 Registered No. 208
 (c) City Nevada (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 Emma Sterling Pierce Perceale
 (a) Residence, No. 426 E Lee St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 9 29

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 20 1939

22. I HEREBY CERTIFY, That I attended deceased from January 9, 1939, to August 20, 1939
 First saw her alive on Aug 20, 1938 Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Myocardial failure, acute
 Other contributory causes of importance:
Arteriosclerosis
Cerebral hemorrhage
Fracture of pelvis
 Name of operation None Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 4-7, 1939
 Where did injury occur? at home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Pelvic fracture due to fall in home
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) O. W. Gleason Jr., M. D.
 (Address) Nevada Mo.

Date of case
8/20/39
7/14/39
4/17/39

12. BIRTHPLACE (CITY OR TOWN) Harrisburg (STATE OR COUNTRY) Missouri

FATHER
 13. NAME William Hill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Eliza Anderson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Carl Perceale
Nevada Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton B. Park DATE Aug 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thos. R. G. G. Service
Nevada Mo.

20. FILED 8/21 1939 Allen & Deays
 Local Registrar

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1760

Date Filed 9-5-39

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, or by.....

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

Signed Allen V. Hoyle

Licensed Embalmer No. 1968

P. O. Address Nevada N.

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.