

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.

JUL 14 1936

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

24205

Township

Primary Registration District No. **1008**

File No.

City **St. Louis, Mo.** (No. **Barnes Hospital**)

Registered No. **5805**

2. FULL NAME

(a) Residence, No. **Glenn Manfred Pearl**

St. **Mo.** Ward. **Cassville, Mo.**

(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) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **Missie Pearl**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **about 1885**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin. **about 52**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **State Highway Dept.**

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) **Missouri**

13. NAME **Fred Pearl**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Michigan**

15. MAIDEN NAME **Hamilton**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kansas**

17. INFORMANT **B. Mrs. Missie Pearl** (ADDRESS) **Cassville, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cassville, Mo.** DATE **June 1936**

19. UNDERTAKER **Albert D. Brown Inc** (ADDRESS) **429 W. English Ave**

20. FILED **JUN 3 1936** Registrar **J. Bredbeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 2, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **5-25**, 1936, to **6-2**, 1936

I last saw him alive on **6-2**, 1936. Death is said to have occurred on the date stated above, at **2 p.m.**

The principal cause of death and related causes of importance were as follows:

Brain Tumor malignant

Date of onset **several years**

Other contributory causes of importance: **Pneumonia Bronchitis**

Name of operation **Cranotomy** Date of **5-27-36**

What test confirmed diagnosis? **Biopsy** Was there an autopsy? **Yes**

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) **Leopold D. Tulon**, M. D.

(Address) **BARNES HOSPITAL**

