

MAY 25 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County St. Francois  
Township Perry  
City Somerse (No. ....)

Registration District No. 775  
Primary Registration District No. 6020

File No. 17892  
Registered No. 288  
St. .... Ward)

## 2. FULL NAME

(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 yrs. mos. 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-10-1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
63 6 27

OCCUPATION 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) Bonne Terre

FATHER 13. NAME Lilas McHenry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis Missouri

MOTHER 15. MAIDEN NAME Sarah Finical16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) John Pearce, Bonne Terre, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Partly View DATE 5/9 193419. UNDERTAKER (ADDRESS) Benham Mfg. Co, Bonne Terre, Mo20. FILED 5/9 1934 A. S. Son Registrar.

## 4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7<sup>th</sup> 193422. I HEREBY CERTIFY, That I attended deceased from May 26 1932, to May 7 1934I last saw her alive on May 6 1934. Death is saidto have occurred on the date stated above at 12:25 A.M.

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

Continuation of the Date of onset 1933cell bladder46E126127AOther contributory causes of importance: Cholelithiasis & cholesterolemia 1925?Name of operation Cholelithotomy Date of Oct 1935What test confirmed diagnosis? ..... 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 ..... Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ..... (Signed) N. W. Hawkins M. D. (Address) Bonne Terre, Mo

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.

