

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

Do not use this space.

**1. PLACE OF DEATH**

4 County St. Francois Registration District No. 775 File No. 17897  
 Township Berry Primary Registration District No. 6870 Registered No. 36  
 City Bonne Terre, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John Pearce  
 (a) Residence No. Bonne Terre, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora McHenry Pearce  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1865  
 7. AGE YEARS 69 MONTHS 0 DAYS 24 If LESS than 1 day, \_\_\_\_\_hra. or \_\_\_\_\_min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 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) Cornwall, England  
 (STATE OR COUNTRY)

FATHER 13. NAME John Pearce

14. BIRTHPLACE (CITY OR TOWN) Cornwall, England  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) Cornwall, England  
 (STATE OR COUNTRY)

17. INFORMANT Living Pearce  
 (ADDRESS) Bonne Terre, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parsonage Cem. DATE May 25, 1934

19. UNDERTAKER Beachum Hurdle  
 (ADDRESS) Bonne Terre, Mo.

20. FILED 5/25/34 T. H. Dixon  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1934  
 22. I HEREBY CERTIFY, That I attended deceased from May 18, 1934, to May 23, 1934  
 I last saw him alive on May 23, 1934 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:  
Robert Pneumonia  
108  
108  
 Other contributory causes of importance:  
Age - 69 yrs.  
 Date of onset May 15, 1934

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 Geo. B. Watkins, M. D.  
 (Signed) \_\_\_\_\_ (Address) Farmington, 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.

JUN 26 1934

