JUL 28 1929

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

Do not use this space.

19215

File No. .....

Registered No. 80

1. PLACE OF DEATH

County. St Francois — Registration District No. 773

Township. Pendleton — Primary Registration District No. 6023

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Dora Edith Pearsall

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	50	10	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) St Francois Co Mo

PARENTS

10. NAME OF FATHER Benjamin Sebastian

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) St Francois Co. Mo

12. MAIDEN NAME OF MOTHER Mason

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) St Francois Co, Mo

14. INFORMANT Ira L. Pearsall
(Address) R 6 Farmington Mo

15. FILED May 10, 1929 B. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to May 8, 1929, that I last saw h.. alive on March 8, 1929, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11 Cerebral hemorrhage —
18 Hr Mortis.

..... (duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Influenza

..... (duration) ..... yrs. 2 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) F. D. Watkins, M. D
May 10, 1929 (Address) Farmington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pendleton-Doe Run, Mo — DATE OF BURIAL 5-10 1929

20. UNDERTAKER Meinert Hurd Co — 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD