

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

Do not use this space.
11986

1. PLACE OF DEATH

County Jackson
Township Kearney
City Kansas City (No. 4932 College)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 1783
St. Ward)

2. FULL NAME

Charles Harvey Pierson
(a) Residence. No. 4932 College Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15, 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 | 10 | 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer) Estate
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Isaac Pierson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Ann Cook

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Margda M. Pierson (Address) 4932 College

15. FILED 4/30, 1927 M.M. Crooke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 29 1927

17. I HEREBY CERTIFY, That I attended deceased from 11:12 1927, to April 29 1927, that I last saw him alive on Apr 29, 1927, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

97 9/13
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Curtis Osborne M.D.
4/30, 1927 (Address) 320 Stuart Bldg, K.C., Mo.

*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 Lovelia Ia. DATE OF BURIAL May 1 1927

20. UNDERTAKER H.H. Newcomer & Sons K.C., Mo. ADDRESS

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.

320 ~~Southwest~~ Bldg.
2105 Uic 1110 ~~Dr~~
1-3-04-