

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

Do not use this space.

19646

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **15351**

City **St. Louis, Mo.**

(No. **Marion Hospital**)

St. Ward)

2. FULL NAME Hampton Pearson

(a) Residence. No. **507 S. 7th St., City St., 14** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **15** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

abt 48

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Deckhand**

(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) **Kentucky.**

10. NAME OF FATHER

Lee Pearson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Kentucky.**

12. MAIDEN NAME OF MOTHER

Lecia Richard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Kentucky.**

14.

INFORMANT **Walter Pearson**
(Address) **3640 Marine Ave., St. Louis, Mo.**

15.

FILED **11-3-27** **Mar 6 Starckoff**

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7, 19 27

17.

I HEREBY CERTIFY, That I attended deceased from **May 23, 19 27, to June 7, 19 27** that I last saw him alive on **June 7, 19 27**, and that death occurred, on the date stated above, at **6:25 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Syphilis - Tertiary
Chronic
myocarditis chronic**
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) **Yuma Liver**
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

Did an OPERATION PRECEDE DEATH? **N.O.** DATE OF **-**

WAS THERE AN AUTOPSY? **N.**

WHAT TEST CONFIRMED DIAGNOSIS? **Blood Wass.**

(Signed) **E. W. Blatter**, M. D.

June 8, 1927 (Address) 3640 Marine Ave.

*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

DATE OF BURIAL

Washington Park

June 9, 1927

20. UNDERTAKER

ADDRESS

J. H. Harrison and Co. 2406 Lantana

WHITE PAPER, 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.

