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

Do not use this space.

35597

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4229 W Lucky St. ..... Ward)

File No. .....

Registered No. 10751

2. FULL NAME Helen Pearson

(a) Residence. No. 4229 W Lucky St., 11 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: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 17 1890

7. AGE: Years 37 | Months 3 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

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): Kirkwood (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Mack Chandler

11. BIRTHPLACE OF FATHER (CITY OR TOWN): — (STATE OR COUNTRY): Ky

12. MAIDEN NAME OF MOTHER: Louisa Cooper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): — (STATE OR COUNTRY): Ky

14. INFORMANT: John Pearson (Address) 4229 W Lucky St

15. FILED: DEC -2 1927 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 27 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1927, to Nov 27, 1927, that I last saw her alive on Nov 27, 1927, and that death occurred, on the date stated above, at 4:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis

23H

(duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 21

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) S. E. Moore, M. D

11/29, 1927 (Address) 801 a N. Jefferson

*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: Greenwood Cem.

DATE OF BURIAL: Dec 2 1927

20. UNDERTAKER: W. C. Gordon Und. Co

ADDRESS: 2649 Morgan St

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.