

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

Do not use this space.

20087

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **City Hosp 720**) St. _____ Ward _____

File No. _____
 Registered No. **5750**

2. FULL NAME

Lorenzo Pearson
 (a) Residence. No. **320 S. Jefferson av.** St. _____ Ward **22**
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **30** 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 Colord	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) abt 4 8 88		
7. AGE YEARS 48	MONTHS None known	DAYS None known
IF LESS than 1 day,hrs. ormin.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Porter (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer ?		

9. BIRTHPLACE (CITY OR TOWN) **Jackson**
 (STATE OR COUNTRY) **Tenn**

10. NAME OF FATHER **Willis Pearson**

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

12. MAIDEN NAME OF MOTHER **Emma Turner**

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

14. INFORMANT **Georgia Henry**
 (Address) **7236. vesizette ave**

15. FILED **MAV 25 1929**
W. C. Starkey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 19 1929**
 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ **7:25 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injuries (Fracture of Skull) Struck by Auto 2:10 P.M.
 CONTRIBUTORY (SECONDARY) **St. Louis Mo. Homicide**

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? **yes**
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **J. W. Kerner M.D.**
5/25 1929 (Address) **Dep. Coroner**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Father Dixon's Cemetery** DATE OF BURIAL **5/25 1929**
 20. UNDERTAKER **Pinkie Toney** ADDRESS **3129 Lucas Av.**

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.

PARENTS

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