MAR 26 1931

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

Do not use this space.

2451

1. PLACE OF DEATH
County Pike — Registration District No. 689 — File No.
Township Buffalo — Primary Registration District No. 3033 — Registered No.
City Louisiana (No. ..... St. ..... Ward)

2. FULL NAME Ras Pearson
(a) Residence. No. Georgia St., 2 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/27/1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	65	—	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lawyer
(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) Pike County, Mo

PARENTS
10. NAME OF FATHER E. D. Pearson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.
12. MAIDEN NAME OF MOTHER Orphia Dysart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo.

14. INFORMANT W. B. Haley
(Address) Louisiana, Mo.

15. FILED 1-25, 1931 F C Haley Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/24 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to 1/24, 1931 that I last saw him alive on 1/24, 1931, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
94 A
(duration) ....yrs. ....mos. ✓ ds.

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? Clinical
(Signed) [signature], M. D.
1/24, 1931 (Address) Louisiana 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 Bowlingreen Mo — DATE OF BURIAL 1/26 1931

20. UNDERTAKER F C Haley Jr — ADDRESS Louisiana Mo

WRITE PLAINLY, 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.

JAN 9 1944