

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

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1. PLACE OF DEATH  
 County Douglas Registration District No. 85  
 Township St. Joseph Primary Registration District No. 1001  
 City St. Joseph, Mo. (Not State Hosp #2)

2. FULL NAME C. H. Pearson  
 (a) Residence. No. 918 Penn St. Kansas City, Mo. St., Mo. Ward. 9th  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 36  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Schmitt Pearson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>January 2, 1858</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>0</u>
		DAYS
		<u>9</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.		
9. BIRTHPLACE (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>Missouri</u>		
PARENTS	10. NAME OF FATHER <u>James Pearson</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Nothing known</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY)	
14. INFORMANT <u>Records State Hosp #2</u> (Address) <u>St. Joseph Mo</u>		
15. FILED <u>1-11-32</u> 19 <u>32</u> <u>John R. Bender</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/11/1932

17. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1931 to Jan 11, 1932 that I last saw him alive on Jan 11, 1932 and that death occurred, on the date stated above, at 11:45 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Arteriosclerosis  
97 yrs (duration) yrs. 3 mos. 22 ds.

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF 1/11/1932

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Dr. Clayton Smith M. D.  
1/11/1932 (Address) St. Joseph, 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 <u>Kansas City, Mo</u>	DATE OF BURIAL <u>1-11-1932</u>
20. UNDERTAKER <u>Geo. H. Long</u>	ADDRESS <u>K.C.M.</u>

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.

FEB 23 1932

MARGIN RESERVED FOR BIRDS

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