

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

Do not use this space.

15962

**1. PLACE OF DEATH**

County Cedar  
Township Sheldon  
City Sheldon (No. ....)

Registration District No. 166  
Primary Registration District No. 14097

File No. ....  
Registered No. 25- Ward

**2. FULL NAME John Allen Pierson**

(a) Residence, No. .... St. .... Ward. ....

(Usual place of abode) 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 - 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>49</u>	<u>4</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas.

13. NAME Henry M. Pierson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Mattie Reynolds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Mary Pierson Sheldon

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheldon DATE May 20, 1933

19. UNDERTAKER (ADDRESS) W. G. Berister, Sheldon, Mo.

20. FILED June 19, 1933 E. S. Smith Registrar. Mary Boylan

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933 to May 19, 1933

I last saw him alive on May 19, 1933. Death is said to have occurred on the date stated above at 9 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis  
131  
Hypostatic Pneumonia

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify Yes

(Signed) W. G. Berister, M. D.  
(Address) Sheldon, 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.

JUN 21 1933

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