

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.

105-

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Sullivan  
Township Jackson  
City                      (No.                     )

Registration District No. 852  
Primary Registration District No. 6124

File No. 15471  
Registered No.                       
St.                      Ward                     

2. FULL NAME

Thomas Pearson

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Bessie Pearson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 1, 1868</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>2</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min. <u>                    </u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>                    </u>	
	10. Date deceased last worked at this occupation (month and year) <u>                    </u>	
	11. Total time (years) spent in this occupation <u>                    </u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan Co. Missouri</u>		
FATHER	13. NAME <u>Samuel Pearson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	15. MAIDEN NAME <u>Lydia Ellen Grindstaff</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan Co. Missouri</u>	
MOTHER	17. INFORMANT (ADDRESS) <u>Mrs. Thos. Pearson, Pollock, Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL <u>Campbell Cem. Pollock, Mo. Apr. 15, 1934</u>	
19. UNDERTAKER (ADDRESS) <u>C. A. Scholone, Pollock, Mo.</u>		
20. FILED <u>May 3, 1934</u> <u>Cleo Hagan, Registrar.</u>		

1/ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1934

22. I HEREBY CERTIFY, that I attended deceased from Apr. 10, 1934 to Apr. 14, 1934  
I last saw him alive on Apr. 10, 1934. Death is said to have occurred on the date stated above, at 8:20 a.m.  
The principal cause of death and related causes of importance were as follows:  
Broncho-Pneumonia Date of onset Apr. 6  
Anemia  
107A  
107A  
Other contributory causes of importance:  
                    

Name of operation                      Date of                       
What test confirmed diagnosis? Phys. Was there an autopsy? no

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? no  
If so, specify                       
(Signed) J. C. Pollock, M. D.  
(Address) Pollock, Mo.

