

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.

19 27 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22926 ✓
File No. _____
Registered No. 223 _____
St. _____ Ward _____

1. PLACE OF DEATH
County Jackson Registration District No. 398
Township B. V. C. Primary Registration District No. 5554
City Warrensburg (No. _____) St. _____ Ward _____

2. FULL NAME Alfred Franklin Pearson
(a) Residence, No. 918 Glenwood St., Ave. Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. 8 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Nancy Jane Pearson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>82</u>	<u>7</u>	<u>12</u>	

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

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 51

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Kentucky

13. NAME Alfred William Pearson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Nancy Sears

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Nancy J. Pearson
(ADDRESS) 918 Glenwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington DATE July 15, 1935

19. UNDERTAKER Att & Mitchell
(ADDRESS) Independence Missouri

20. FILED 7-13-1935 F. D. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1935, to July 12, 1935.
I last saw him alive on July 11, 1935. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris Date of onset July 8
arteriosclerosis renal

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical. 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? _____
If so, specify _____
(Signed) J. H. Hicken, M. D.
(Address) Independence Mo

