

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

Do not use this space.

SEP 23 1935

27011

1. PLACE OF DEATH  
 County Marion Registration District No. 547  
 Township Marion Primary Registration District No. 3079  
 City Hannibal (No.         ) Leveing Hospital St.          Ward)         

2. FULL NAME John Pearson  
 (a) Residence, No. 718 Hill St.,          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**

**MEDICAL CERTIFICATE OF DEATH**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>74</u>	<u>7</u>	<u>19</u>		

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

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         

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1935 to Aug 1, 1935  
 I last saw him alive on Aug 1, 1935 Death is said to have occurred on the date stated above, at 8:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma Liver  
sied for a few years

Other contributory causes of importance:  
H/I

Date of onset         

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

13. NAME No data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

15. MAIDEN NAME No data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

17. INFORMANT H. S. Pearson, Son  
 (ADDRESS) 718 Hill, Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mr Olcott DATE Aug 4, 1935

19. UNDERTAKER (ADDRESS) Wm M Smith  
902 Broadway, Hannibal, Mo

20. FILED Aug 6, 1935 R. H. Schuster  
Registrar.

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           
 (Signed) W. S. Salzer M. D.  
 (Address) Hannibal Mo.

N. B.—Every item of information shown on this certificate is required by law. Exact statement of occupation is necessary. CAUSE OF DEATH in plain terms, so that it may be properly classified.

