

JUL 21 1936

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

Do not use this space.

26030

1. PLACE OF DEATH

County Cooper  
Township  
City Boonville (No. ....)

Registration District No. 218  
Primary Registration District No. 3015

File No. ....  
Registered No. 84  
St. .... Ward)

2. FULL NAME

Carl Calvin Pearson

(a) Residence, No. .... 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3<sup>d</sup> = 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
41 5 6

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

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) March 1935 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Howard Co. Mo.

13. NAME Wm Pearson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Mo.

15. MAIDEN NAME Willie Fordon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Mo.

17. INFORMANT Katie Bartley (ADDRESS) Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville City DATE July 22<sup>d</sup> 36

19. UNDERTAKER Schurty & Stynes (ADDRESS) Boonville Mo.

20. FILED July 11, 1936 D. Harper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9<sup>th</sup> 1936

22. I HEREBY CERTIFY That I attended deceased from June 1, 1935 to July 9, 1936

Last saw him alive on July 9, 1936 Death is said to have occurred on the date stated above, at 12 P.M.

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

Oldman Pulmonary Date of onset

Other contributory causes of importance: 23

Name of operation..... Date of.....

What test confirmed diagnosis? C.I.N.O.S.I. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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) R. Bartley, M. D.

(Address) 1105 - 3rd St. Boonville Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Handwritten notes and scribbles, possibly including the word "Scribble" and other illegible markings.