

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.

REC'D AUG 26 1938

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

Do not use this space.

26247

1. PLACE OF DEATH

83

County Platt
Township Morgan
City (No.) (No.)

Registration District No. 698
Primary Registration District No. 5-927

File No.
Registered No.
St. Ward

2. FULL NAME

John Presley Pearson 655
(a) Residence No. 1 Bushville P.P. 3 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1958

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>79</u>	<u>10</u>	<u>7</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) 1937 11. Total time (years) spent in this occupation

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

13. NAME Presley Pearson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do not know

15. MAIDEN NAME Sabina Shopper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do not know

17. INFORMANT Miss Pearson (ADDRESS) Bushville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sugar Creek DATE July 24, 1938

19. UNDERTAKER Savin & Daughler (ADDRESS) Atchison, Kans

20. FILED 8-24- 1938 W. B. Keith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10 to July 22, 1938

I last saw him alive on July 19, 1938 Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Chronic myocarditis Date of onset 1936
Chronic nephritis 1938

Other contributory causes of importance: 131

Name of operation none Date of no
What test confirmed diagnosis flu 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) E. L. Anderson, M. D.
(Address) Atchison - Kans
Anderson

