

SEP 29 1938

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

Do not use this space.

30098

1. PLACE OF DEATH

County Saline Registration District No. 292 File No. 30098
Township Clay Primary Registration District No. 6043A Registered No.
City Saline City (No.) St. Ward

2. FULL NAME Harry C. 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. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 - 1851

7. AGE YEARS 86 MONTHS 9 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION 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) 11. Total time (years) spent in this occupation

MOTHER 12. BIRTHPLACE (CITY OR TOWN) Arrow Rock (STATE OR COUNTRY) Missouri

FATHER 13. NAME B. B. Pearson

14. BIRTHPLACE (CITY OR TOWN) Spartanburg (STATE OR COUNTRY) S. Carolina

MOTHER 15. MAIDEN NAME Elija J. Eelbeek

16. BIRTHPLACE (CITY OR TOWN) Halifax (STATE OR COUNTRY) N. Carolina

17. INFORMANT Mr. J. H. McCherry (ADDRESS) Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arrow Rock DATE Aug 28, 1938

19. UNDERTAKER Camille Lewis (ADDRESS) Marshall Mo.

20. FILED Sept 1st 1938 C. R. Lawler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from held inquest, 19....., to Aug 26, 1938

I last saw h..... on , 19..... Death is said

to have occurred on the date stated above, at 8:30 a.m.

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

Natural causes - Cerebral hemorrhage

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) B. C. Bradshaw M. D.

(Address) Arrow Rock

Coroner Saline Co. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/8/38