

1939 SEP 12 1939

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

28593
Do not use this space.

Registered No. 822

1. PLACE OF DEATH
(a) County Buchanan Registration District No. 1
(b) Township _____ Primary Registration District No. _____
(c) City St Joseph (d) Street No. 1110 S. 11th. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Lee Pearson
(a) Residence, No. 1110 S. 11th. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20th 1938

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>0</u>	<u>9</u>	<u>18</u>	

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

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St Joseph (STATE OR COUNTRY) Mo

13. NAME Alvie Pearson

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

15. MAIDEN NAME Wilina Cauer

16. BIRTHPLACE (CITY OR TOWN) Jefferson City (STATE OR COUNTRY) Mo

17. INFORMANT Mr. Alvie Pearson (ADDRESS) 1110 S. 11th. St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Aug. 9th 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC. (ADDRESS) 1946 Calhoun St Joseph, Mo

20. FILED Aug 9 1939 St Joseph Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8th 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
I last saw him alive on Aug 7 1939 Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:
Septic Enteritis
Date of onset Aug 1

Other contributory causes of importance: 1196

Name of operation Cholec Date of _____
What test confirmed diagnosis Cholec 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) W. H. Allaway, M. D.
(Address) Central Bldg

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

John E. Rupp

Licensed Embalmer No.

3986

P. O. Address

St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.