

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

Do not use this space.

23242

1. PLACE OF DEATH

County Camden
Township Carrollton
City Carrollton

Registration District No. 135
Primary Registration District No. 3010

File No. _____
Registered No. 74
St. _____ Ward _____

2. FULL NAME Joel F Pierson

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Joel F Pierson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-4-1905

7. AGE YEARS 22 MONTHS 10 DAYS 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Blairton (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Albert Pierson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Stockholm Sweden

12. MAIDEN NAME OF MOTHER Jessie Shaffer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Argenta Illinois

14. INFORMANT Albert Pierson (Address) Jina Mo.

15. FILED 7-9-1928 Mrs E E Zambam REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-9-1928

17. I HEREBY CERTIFY That I attended deceased from July 4, 1928, to July 9, 1928, that I last saw h. alive on July 9, 1928, and that death occurred, on the date stated above, at 16:00 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pneumonia (Lobar)
121B
108
117B
CONTRIBUTOR (SECONDARY) Suppurative Appendicitis (duration) yrs. mos. da. 4

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 4 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W F Cook M. D.

(Address) Carrollton MO State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rock Branch Cem, Jina DATE OF BURIAL 9-11-1928

20. UNDERTAKER Willis Prathers ADDRESS Carrollton

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.

