

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

4883

**1. PLACE OF DEATH**

County Lincoln  
Township Lincoln  
City Lincoln (No. ....)

Registration District No. 152  
Primary Registration District No. 5-2-5-2

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

William 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF Mary Davis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	78	9	10	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Farmer 1  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY) Tennessee 2

PARENTS	10. NAME OF FATHER <u>James Pearce</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Tennessee</u>
	12. MAIDEN NAME OF MOTHER <u>Altha Cecilia Morgan</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Tennessee</u>

14. INFORMANT Mary Pearce  
(Address) Republic R. F. 10-2

15. FILED 2/4 1931 A. A. Mayler  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2, 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1920 to Feb. 2, 1931  
that I last saw him alive on Jan. 28, 1931, and that death occurred, on the date stated above, at 12-80 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis

(duration) 1 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) DM  
(duration) .... yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) M. S. French M. D.  
, 19 (Address) Republic 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 <u>Lindsay Chapel</u>	DATE OF BURIAL <u>2/4 1931</u>
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20. UNDERTAKER <u>W. E. Prisman</u>	ADDRESS <u>Republic Mo</u>
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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.

FEB 18 1931

