

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 26 1933

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

Contingent
Do not use this space

24045

1. PLACE OF DEATH
 County Pettis Registration District No. 668
 Township Belair Primary Registration District No. 5894
 City Deerfield (No. R7D # 5) St. _____ Ward _____

2. FULL NAME Chas. F. Pierson
 (a) Residence, No. R7D # 5 St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1882

7. AGE YEARS 50 MONTHS 9 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splaner, 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

13. NAME J. L. Pierson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) !!

17. INFORMANT Ralph Pierson (ADDRESS) Deerfield no

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Herman DATE 7/15/33

19. UNDERTAKER Gillespie Family Home (ADDRESS) Deerfield no

20. FILED July 15 1933 Jean Slack Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1933

22. I HEREBY CERTIFY That I attended deceased from July 9 1933 to July 13 1933
 I last seen alive on July 13 1933 Death is said to have occurred on the date stated above, at 6.9 a.m.
 The principal cause of death and related causes of importance were as follows:
Cause of death
Acute poisoning
Renal calculi from 1930
Chronic nephritis
 Other contributory causes of importance: 131
134
1320
131

Name of operation none Date of _____
 What test confirmed diagnosis? none 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. P. Bartus, M. D.
 (Address) 1111 W. Highville Mo

