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.

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

Do not use this space.

40621

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 1212 Benton Blvd St. Ward)

2. FULL NAME Mars R. Nearing

(a) Residence. No. 1212 Benton Blvd St., 12 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: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 4, 1851

7. AGE: Years 77 — Months 1 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Liverpool
(STATE OR COUNTRY): New York

PARENTS

10. NAME OF FATHER: John Nearing
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Cato
(STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Jane Relyea
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)

14. INFORMANT: Harry E Nearing
(Address): 3640 Paseo K.C.M.

15. FILED 12/9, 1928 M. M. Crowe, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1928, to Dec 8, 1928, that I last saw h..... alive on Dec 8, 1928, and that death occurred, on the date stated above, at 11 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Liver & Pancreas
46 F
46 F
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. E. Sheldon, M. D.
12-9, 1928 (Address) Coy Crowe Bldg

*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: Forest Hill Cemetery — DATE OF BURIAL: Dec 10 1928

20. UNDERTAKER: F. H. Nugent — ADDRESS: 919 State K.C.K.