

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

Do not use this space.

1455

1. PLACE OF DEATH

County Jackson
Township Franklin
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. 42
Registered No. 42
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 4121 Hyde Park Ward. 7
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence Hoge Pearson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1 - 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 53 7 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Owner & Mgr.
(b) General nature of industry, business, or establishment in which employed (or employer) Gift Shop
(c) Name of employer Baltimore Hotel

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tama City Iowa

10. NAME OF FATHER David Keller Thomas

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

12. MAIDEN NAME OF MOTHER Mary Elizabeth M. Daniels

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Utica Ohio

14. INFORMANT Mrs. Grace Pearson Poole
(Address) Esler Ave Ill

15. FILED 1/4 29 M M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Friday Jan. 4, 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-7, 1928, to 1-4, 1929, that I last saw him alive on 1-3, 1929, and that death occurred, on the date stated above, at 2:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
22 Necrosis buttocks & lateral rectum.
Probable cause internal blind fistula (duration) 40 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 15513 (duration) 40 yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF 2

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? clinical, autopsy
(Signed) C. Hunt, M. D.

(Address) 15 C. res.

*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 DATE OF BURIAL
Forest Hill Jan 5 1929

20. UNDERTAKER ADDRESS
Eggar Funeral Home 1809 Linwood

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, WITH OBTAINING INK—THIS IS A PERMANENT RECORD

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6 924 Rialto