

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

Do not use this space.

**5090**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Staw Primary Registration District No. 1002  
City Kansas City (No. 4146) Indiana St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 217  
Registered No. 827

**2. FULL NAME**

Pearl Daniels  
(a) Residence, No. 4146 Indiana St. 16 Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 11 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 wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF Cora Daniels

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9, 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
50 , 8 9

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

9. BIRTHPLACE (CITY OR TOWN) Columbia  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER S.P. Daniels

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

12. MAIDEN NAME OF MOTHER M. Neil

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

14. INFORMANT Mrs Cora Daniels  
(Address) 4146 Indiana

15. FILED 2/18, 1930 M.M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct, 1930, to Feb 18, 1930, that I last saw him alive on Feb 18, 1930, and that death occurred, on the date stated above, at 2:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

722  
Pseudobubkemia  
(duration) 4 yrs. mos. da.  
CONTRIBUTORY not known  
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 6513  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No  
Clinical signs and differential blood counts  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) E.W. Shusher M. D.

Feb 18, 1930 (Address) 1235 Pratts 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 DATE OF BURIAL Feb 20 1930

20. UNDERTAKER S.H. Newcomer & Sons ADDRESS KC Mo

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.

34  
1  
2

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1235 North Blvd

Vic 2966

12-3.