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.

23043

File No.

Registered No. 2957

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. St Mary's Hospital St. Ward)

2. FULL NAME Albert Frances Sears
(a) Residence, No. St., Ward. Pittsburg Kans
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16-1873

7. AGE YEARS 58 MONTHS 8 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C.S. 116
10. Date deceased last worked at this occupation (month and year) Oct 31-
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER
13. NAME James F. Sears
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Florence Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Jack Sears Pittsburg Kans

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pittsburg Ka DATE July 29 1932

19. UNDERTAKER (ADDRESS) Gees Funeral Home Pittsburg Kans

20. FILED July 29, 1932 M. M. Crowe Asst Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1932 to 7-28-, 1932
I last saw him alive on 7-28, 1932 Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

Acute otitis media right
" Pyo. arthritis R Knee
84A
156A
129
90
(1)

Date of onset

Other contributory causes of importance:
Acute general Peritonitis
" Pericarditis

Name of operation Drainage Date of 5-2032
What test confirmed diagnosis autopsy Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 19
Where did injury occur? 0
(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) W. Miller, M. D.
(Address) 814 Argyle K Kans