

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

Do not use this space.

1854

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 1712 Broadway)

Registration District No. 300
Primary Registration District No. 002

File No. 1854
Registered No. 84
St. _____ Ward _____

2. FULL NAME

Lenna E. Pearson

(a) Residence, No. 1712 Broadway St. 3 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 0 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Missouri

13. NAME Seigle Webb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Minnie Heath

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

17. INFORMANT (ADDRESS) Walter Webb
Hugo Colo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hugo Colo. DATE 1/8/33

19. UNDERTAKER (ADDRESS) Carroll Davidson and Co

20. FILED 1-6-33 M. M. Crowe
asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y 6, 1933

22. I HEREBY CERTIFY that I attended deceased from Jan'y 5, 1933 to Jan'y 6, 1933
I last saw h^e alive on Jan'y 5, 1933 Death is said to have occurred on the date stated above, at 12:20 m.
The principal cause of death and related causes of importance were as follows:

Pulmonary edema secondary to influenzaal broncho-pneumonia. Date of onset _____

Other contributory causes of importance: III

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) A. M. Miller, M. D.
(Address) 717 S. Market Bldg
R. C. Miller

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.

