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.

4 1. PLACE OF DEATH
County JACKSON — Registration District No. 3[illegible] — File No. 5614
Township KAW — Primary Registration District No. 1068 — Registered No. 562
City KANSAS CITY (No. RESEARCH HOSPITAL St. Ward)

2. FULL NAME REESE R PEIRONNET
(a) Residence, No. 3217- PEERY St., 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: MALE
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~~) MRS. ANNIE PEIRONNET

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-3-1870

7. AGE: YEARS 62 — MONTHS 10 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SECRETARY + TREASURER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. STAGNER, PEIRONNET + WILLIS LIVE STOCK COM.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 186 Co.

12. BIRTHPLACE (CITY OR TOWN) PERU (STATE OR COUNTRY) ILLINOIS

FATHER
13. NAME CHARLES A. PEIRONNET
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME FRANCES E. YOUNG
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT MRS. ANNIE PEIRONNET (ADDRESS) 3217- PEERY AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE FEBRUARY-4, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111- EAST- 9TH ST.

20. FILED 2-3. 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY-2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1933, to Feb 1, 1933
I last saw him alive on Feb 1, 1933. Death is said to have occurred on the date stated above, at 3:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Jan. 31
~~Pituitary~~	1933
Myocarditis	several years
Enlargement of Aorta	" "

Other contributory causes of importance:

Fract of Femur, trochanteric (left)	Jan. 27 1933

186 Co

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.
Injury in home as indirect cause
Manner of injury Fall
Nature of injury Fract. of Femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. McS. Schauffler, M. D.
(Address) 1025 Argyle Bldg.

1025 Argyle Bldg.
2-4:30