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.

MAY 13 1935

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

Do not use this space.

16422

File No.

Registered No. 1924

1. PLACE OF DEATH

County Jackson — Registration District No. 899

Township — Primary Registration District No. 1002

City Kansas City (No. St. Marys hospital St. Ward)

2. FULL NAME Hugh Bone Pearce

(a) Residence, No. 1915 N. 11 KCK St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Viola

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4/23/1898

7. AGE: 37 YEARS — MONTHS: 0 — DAYS: 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: flagman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: K. C. S. Ry Co
10. Date deceased last worked at this occupation (month and year): 12/34
11. Total time (years) spent in this occupation: 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chicopee Kans

FATHER

13. NAME: George Pearce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Jean Bone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Mrs. H. B. Pearce, K C K

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Park DATE 5/7, 1935

19. UNDERTAKER (ADDRESS): Geo. H. Long Mortuary, K C K

20. FILED 5-6 1935 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-12, 1934, to 5-3, 1935

I last saw him alive on 5-3-, 1935 Death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

Aortic Regurgitation
Chronic Myocarditis
Chronic Aortitis

Date of onset

92 P

Other contributory causes of importance:

Pulmonary Congestion

Name of operation — Date of

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, 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 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. M. Miller, M. D.

(Address) 707 Argyle

Walter P
Dr Miller angle Bldg
Vic 9878