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.

MAR 21 1936

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

Do not use this space.

6119

1. PLACE OF DEATH

County Jackson — Registration District No. 3 — File No. 937

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME Pearl B. Hayman

(a) Residence, No. 3818 Park Avenue 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: No record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 20, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	56	4	1	

OCCUPATION

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

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): No record, Missouri

FATHER

13. NAME Manless Hurt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record, Missouri

MOTHER

15. MAIDEN NAME Mary A. Fry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record, Missouri

17. INFORMANT (ADDRESS) Anna Hurt, 3818 Park Avenue, Kansas City, Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Kansas City, Mo.
PLACE Mount Washington DATE Feby. 24, 1936

19. UNDERTAKER (ADDRESS) Stine & McClure, 3235 Gillham Plaza

20. FILED 2-22, 1936 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 19, to 2-21, 19

I last saw her alive on 2-21, 1936. Death is said to have occurred on the date stated above, at 2 P. m.

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

	Date of onset
Carcinoma of Breast (Breast)	2 or 3 yrs
Generalized Carcinomatosis	

Other contributory causes of importance:

50

Name of operation — Date of — Yes

What test confirmed diagnosis? — Was there an autopsy?

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?

If so, specify

(Signed) [signature], M. D.

(Address) St. Luke's Hosp.

KL-4022-1