

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

Do not use this space.

APR 23 1936

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1537

1. PLACE OF DEATH

County JACKSON
Township JACKSON
City KANSAS CITY

Registration District No. 399
Primary Registration District No. 1002
(No. SK Joseph Hospital St. _____ Ward)

File No. _____
Registered No. _____

2. FULL NAME

Victory T Pierrelee

(a) Residence, No. 5700 Paseo 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 Allie M Pierrelee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-29-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 4 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
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 35

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

FATHER 13. NAME August Pierrelee

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Allie M Pierrelee
(ADDRESS) 5700 Paseo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Feb-21-1936

19. UNDERTAKER Paul Newcomers Sons
(ADDRESS) Kansas City - Mo.

20. FILED 3-21-36 M. M. Crowe, Not
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-20-1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 14 1936, to Mar 20 1936.
I last saw him alive on Mar 20 1936. Death is said to have occurred on the date stated above, at 11:50 a.m.

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

Lobar pneumonia Date of onset 1/18
Decompensated Heart
Chronic polyarteritis
20 years in duration
Other contributory causes of importance:
Chronic polyarteritis
20 years in duration

Name of operation _____ Date of _____
What test confirmed diagnosis? None Was there an autopsy? yes

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) E. J. Hunter, M. D.
(Address) 724 1/2 E. 12th St. St. Louis, Mo.

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.

724 Argyle

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