JAN 19 1937

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

Do not use this space.

44669

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. 4434 Forest St. Ward)

2. FULL NAME William Benjamin Wearen

(a) Residence, No. 4434 Forest St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 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 Cricket Wearen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-24-1876

7. AGE: YEARS 60 — MONTHS 6 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dept Mgr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Katz Drug Co
10. Date deceased last worked at this occupation (month and year) Sept-16-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanford Ky

FATHER

13. NAME George D Wearen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanford Ky

MOTHER

15. MAIDEN NAME Jenny Alford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanford Ky

17. INFORMANT (ADDRESS) Mrs. Cricket Wearen 4434 Forest

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanford Ky DATE Dec-4 1936

19. UNDERTAKER (ADDRESS) Downey Comers Sons Kansas City-Mo

20. FILED Dec 3 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1936, to Dec 3, 1936
I last saw him alive on Dec 3, 1936. Death is said to have occurred on the date stated above, at 10:05 A.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon

Date of onset

Other contributory causes of importance: Carcinoma of Colon

Name of operation Clinical findings Date of
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? No
If so, specify
(Signed) [illegible], M. D.
(Address) 522 Professional Bldg KC 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.

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