APR 8 1937

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

Do not use this space.

File No. 9722

Registered No. [illegible]

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 1402 Summit St. Ward)

2. FULL NAME Pearl Weare

(a) Residence, No. 1402 Summit 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: Female

4. COLOR OR RACE: Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Do not Know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE — YEARS: Aprox. 44 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

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): Miama Mo.

FATHER

13. NAME: George Weare

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Michigan

MOTHER

15. MAIDEN NAME: Georgia Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): George Weare

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Greenlawn Cem. DATE: 3/24/37, 19

19. UNDERTAKER (ADDRESS): H. Tigerman & Sons, Kansas City, Mo.

20. FILED: Mar 24, 1937 M. M. Lorowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/22/37, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.

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

	Date of onset
Carbon monoxide gas poisoning	1 hr

Other contributory causes of importance:

Name of operation ..... 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 3/22/37

Where did injury occur? 1402 Summit Kaw (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Inhaled Carbon Monoxide gas

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ....., M. D.

(Address) .....

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.