

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

REC'D APR 23 1938

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 1211 W., 40th) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 9492  
957  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Pearl E. Garrison 625

(a) Residence, No. 1211 W. 40th St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

|  |                                  |   |
|--|----------------------------------|---|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Daisy L. Garrison</u> |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 23, 1877</u>                             |                                  |   |
| 7. AGE   | YEARS                            | MONTHS  |
|  | <u>61</u>                        | <u>0</u>  |
|  |                                  | DAYS  |
|  |                                  | <u>4</u>  |
|  |                                  | If LESS than 1 day, _____ hrs. or _____ min.                                |

OCCUPATION

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

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) Aug. 1936

11. Total time (years) spent in this occupation \_\_\_\_\_

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

MOTHER FATHER 13. NAME John Garrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Park Co. Indiana

MOTHER 15. MAIDEN NAME Dorothy Settle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blkhart Co. Indiana

17. INFORMANT Harold M. Garrison  
 (ADDRESS) 1211 W. 40th

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Forest Hill DATE Mar. 1 1938

19. UNDERTAKER Gates Funeral Home  
 (ADDRESS) Kansas City, Kansas

20. FILED (Web) 1938 M. M. Brown  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from June 30 1937 to 2-27 1938  
 I last saw him alive on 2-27 1938. Death is said to have occurred on the date stated above, at 7 p. m.

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

Aortic regurgitation ?  
g. m.  
 Other contributory causes of importance:  
Pulmonary edema 2-2538

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? stephenson Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury \_\_\_\_\_  
 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) P. M. Brown M. D.  
 (Address) 546 SW Blvd KC Kan

Pat Nunn  
Argyle Bldg.

1:30 to 3:00