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.

JAN 3 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 092
City K.C. Mo. (No. 4109 Dixon St. Ward)

File No. 36398
Registered No. 4307

2. FULL NAME Peter Pearson
(a) Residence, No. 4109 Dixon St., 12 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Pearson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2-1861
7. AGE YEARS 72 MONTHS 9 DAYS 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Sweeden

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Katherine Pearson 4109 Dixon
18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE Nov 4 1933
19. UNDERTAKER (ADDRESS) Rose & Henderson 4139 E 15th
20. FILED 11-3 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 1933
22. I HEREBY CERTIFY That I attended deceased from Sept 17 Corner, 19..., to ..., 19...
I last saw him alive on November 2, 1933 Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:
Gunshot wound of the abdomen
Hemoperitoneum
Date of onset
Other contributory causes of importance:
167 No 167
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Yes Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Feb 2, 1933
Where did injury occur? 4109 Dixon K.C. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Trauma by firearms
Nature of injury Hot self in abdomen
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M.D.
(Address) KCMO DEPCOR

Be. 1332
Dr Brown