

APR 26 1935

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

Do not use this space.

9057

1. PLACE OF DEATH

County JacksonTownship KawCity Kansas CityRegistration District No. 399Primary Registration District No. 1002(No. 3917 West 39th)

File No. _____

Registered No. 930

St. _____ Ward _____

2. FULL NAME Clarence Stanley Pearce(a) Residence, No. 7218 Indiana 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nettie Pearce</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 27, 1890</u>		
7. AGE	YEARS	MONTHS
	<u>44</u>	<u>11</u>
		DAYS
		<u>7</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hatter</u>
	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) Alhambra Illinois13. NAME Joseph P. Pearce14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alhambra Illinois15. MAIDEN NAME Sophia Henke16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alhambra Illinois17. INFORMANT (ADDRESS) Mrs. Grace May Hillson 1017 West 39th Street18. BURIAL, CREMATION, OR REMOVAL PLACE Flora Hills DATE 3-6-3519. UNDERTAKER (ADDRESS) Stice + Mc Clure 5235 Hillham Plaza20. FILED 19 3/5 Wm. M. Coburn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 193522. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1935, to March 4, 1935I last saw him alive on March 4, 1935. Death is said to have occurred on the date stated above, at P. m. 5:50

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

Myocarditis, chronic Date of onset July 1934

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Other contributory causes of importance:
Chronic Nephritis 1925
Hypertension 1923

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? No

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) W. C. Belling M. D.(Address) 1002 Oggle Blvd

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.

