MAR 26 1928

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

Do not use this space.

1. PLACE OF DEATH
County Miller
Township Glaize
City Ulman
Registration District No. 565
Primary Registration District No. 57614
File No. 5671
Registered No. 1
(No. ..... St. ..... Ward)

2. FULL NAME Willard Bear

(a) Residence. No. ..... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	4	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ulman
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Henry Bear
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Beaver Co. Ohio
12. MAIDEN NAME OF MOTHER Virginia Livingston
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Hart Co. Ky.

14. INFORMANT Mrs. Ira Umstead
(Address) Jefferson Mo.

15. FILED 2/29, 1928 C. P. Hawkins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1928, to Feb. 25, 1928, that I last saw h. alive on Feb. 25, 1928, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchio-pneumonia
10/18
(duration) 10 Days
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible], M. D
2/27, 1928 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Hickory Point Cemetery — DATE OF BURIAL: 2/27 1928
20. UNDERTAKER: Adams & Casey — ADDRESS: Paris 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.

PERMANENT RECORD

10-13-27 = 39 yrs. old