B 21 1929

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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.

274

85

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph (No. , St. Ward)

Registration District No.
Primary Registration District No. 1001

File No.
Registered No. 31

2. FULL NAME Elma Irene Sears
(a) Residence. No. 114 Arizona 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: 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) Jan-29-1927

7. AGE: Years 1 | Months 11 | Days 8 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Wm. Sears
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Easton
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Rachel Clevenger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Mo.

14. INFORMANT Wm. Sears
(Address) St. Joseph - Mo.

15. FILED JAN 8 1929 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 6 — 1929, to Jan 7 — 1929 that I last saw her alive on Jan 7 — 1929, and that death occurred, on the date stated above, at 8 00 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheria
(Laryngeal)
10
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Culture
(Signed) John J. Tucker, M. D
, 19 (Address) St Joseph Mo

*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: Mt. Auburn Cem.
DATE OF BURIAL: Jan. 8, 1929 19

20. UNDERTAKER: Fred A. Clark
ADDRESS: 5025 King Hill Av.