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

Do not use this space.
6806

1. PLACE OF DEATH U.S.V.Hosp. #67 399
County Jackson Registration District No. 1002 File No.
Township Kan Primary Registration District No. Registered No. 972
City Kansas City, Mo. (No. U. S. Veterans Hospital St. Ward)

2. FULL NAME SHEARER, Jesse R C-11 354 USVB
(a) Residence. No. Liberty, Mo. St., Pvt. Co D 31st Inf. Ward.
(Usual place of abode) Rt 4 (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	9	18	

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) Liberty
(STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER Robert M Shearer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Liberty
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Margaret Eads
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Liberty
(STATE OR COUNTRY) Missouri

14. INFORMANT Grace Robinson (Sister)
(Address) 129 West F St.
Oklahoma City, Okla.

15. FILED 7/27 1929 M. M. Lemone REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1929, to February 25, 1929 that I last saw him alive on February 25, 1929, and that death occurred, on the date stated above, at 11:48 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, pul. chr. advanced.
2 yr H
5 yr SE
(duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY) Tumor of abdomen-type undetermined
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.
(Signed) W.E.Chambers, M. D.
W.E.CHAMBERS, Medical Officer in Charge
(Address) U.S.V.Hosp. #67 Kansas City, Missouri.

*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 Liberty Mo. DATE OF BURIAL 2/27 1929
20. UNDERTAKER N. N. Neil ADDRESS Liberty Mo.

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.