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

Do not use this space.

8119

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 7811 — File No.:

Township: — Primary Registration District No.: 4003 — Registered No.: 1771

City: St. Louis (No. 500, 3 Kingshighway Blvd. St. Ward)

2. FULL NAME Ronald Sears

(a) Residence. No. Jerseyville Ill St., 12 Ward. Jerseyville, Ill
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 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	–

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-17-27

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2		19	

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

9. BIRTHPLACE (CITY OR TOWN) Jerseyville
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Ray Sears

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jerseyville
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Theresa Flamm

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jerseyville
(STATE OR COUNTRY) Ill

14. INFORMANT Husband
(Address) 500 S Kingshighway

15. Filed 2-6 1929 — Mary C. Walker — Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-6-1929

17. I HEREBY CERTIFY, That I attended deceased from 1-30, 1929, to 2-6, 1929, that I last saw h. alive on 2-6, 1929, and that death occurred, on the date stated above, at 3:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Esophageal stricture due to swallowing lye
Accident
(duration) 6 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) General peritonitis, postoperative, Gastrostomy (duration) yrs. mos. 2 ds.

18. WERE THE DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? –
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1/31/29
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? –
(Signed) A. E. Edwards, M.D.
2-6, 1929 (Address) 500 S. Kingshighway

*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 Jerseyville Ill — DATE OF BURIAL 2-8, 1929

20. UNDERTAKER Jacoby Bros Und. — ADDRESS Jerseyville Ill

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.