

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

Do not use this space.

20553

1. PLACE OF DEATH

County Wright Registration District No. 908
 Township Mountain Iron Primary Registration District No. 2549
 City Mountain Iron (No.) St. Ward)

2. FULL NAME

Harriet La Myra Fear
 (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 49 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 Married (circle the word)

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Philip Marshall Fear

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 10 - 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 | 3 | 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Merrill
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Geo. H. McCriston

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER Mable Brody

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hamilton
 (STATE OR COUNTRY) Tenn

14. INFORMANT George H. Fear
 (Address) 11th Ave Mo

15. FILED 5/30 1929 J. H. Gibson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1929

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1929, to May 26, 1929 that I last saw him alive on Apr 23, 1929, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis Agitans
 (duration) 20 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 84B
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical only

(Signed) A. C. Ames, M. D.

5/26, 1929 (Address) Mountain Grove 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 DATE OF BURIAL

Hill Crest May 27, 1929

20. UNDERTAKER ADDRESS

W. R. Botter Mountain 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.

28 1929

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