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

Do not use this space.

20783

JUL 23 1929

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 788

City St. Joseph, (No. Pierce Health Institute, St. Ward)

2. FULL NAME Harry Charles Teare

(a) Residence. No. St., Ward. Forest City, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 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): Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frances Louise Teare,

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 2, 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
61	3	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): General Merchant,

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): White Cloud, Kansas,

PARENTS

10. NAME OF FATHER: Thomas Teare,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Isle of Man England,

12. MAIDEN NAME OF MOTHER: Matilda McCrory,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mound City, Missouri,

14. INFORMANT: Howard S. Teare
(Address) Forest City, Missouri,

15. FILED JUN 27 1929 19 John G. Wh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to June 26, 1929 that I last saw him alive on 6/26/29, 19, and that death occurred, on the date stated above, at 3:34 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paresis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Syphilis

(duration) 8 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 findings

(Signed) T O Pierce M.D.

6/27, 1929 (Address) St. Joseph Mo. D.O.

*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: Forest City, Mo.

DATE OF BURIAL: June 28 1929

20. UNDERTAKER: Heaton Bessie Bowman

ADDRESS: 319 S. 10 St.

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.

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