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

Do not use this space.
Dyer

FEB 20 1930

File No. 2202
Registered No. 21

1. PLACE OF DEATH
County: Pettis
Registration District No. 668
Township:
Primary Registration District No. 3032
City: Sedalia (No. 1213 W 10th St. Ward)

2. FULL NAME: Nannie Catherine Lear
(a) Residence. No. 1213 W 10th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 21-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	59	4	26	

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

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

PARENTS
10. NAME OF FATHER Robt Mayors
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER (unknown) Ivy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT Jas. W Lear
(Address) Sedalia Mo.

15. FILED 1-21-1930 J. S. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1930

17. I HEREBY CERTIFY, That I attended deceased from 1/17, 1930, to 1/17, 1930 that I last saw her alive on 1/17 1930, and that death occurred, on the date stated above, at 10 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Uremic poisoning
132b

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Bright's disease

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

1/18

(Signed) [illegible], M. D.
1/11, 1930 (Address) Sedalia 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
Salem	1/19 1930
20. UNDERTAKER	**ADDRESS**
Gillespie	Sedalia

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.