MAR 25 1930

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

Do not use this space.

4294

File No. 3/7

Registered No.

1. PLACE OF DEATH

County: Cape Girardeau — Registration District No. 125

Township: — Primary Registration District No. 3009

City: Cape Girardeau (No. St. Mo. Hospital St. Ward)

2. FULL NAME: Edwin Fear

(a) Residence. No. St., Ward. Torch Mo.
(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: 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~~: Ella Fear

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 25. 1880

7. AGE: Years 49 | Months 4 | Days 20 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Saw mill worker
(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): Germany

PARENTS

10. NAME OF FATHER: Robert Fear

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs Ella Fear
(Address): Torch, Mo

15. FILED 3/5, 1930 — O. O. Kaemper, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2/15 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-14, 1930, to 2-15, 1930, that I last saw ~~him~~ alive on 2/14, 1930, and that death occurred, on the date stated above, at 1 AM a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock from crushed leg
Bones crushed in left side of head & face.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Casting from Dynamite
Immediate accidental
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Torch Mo
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2/14/30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) D. R. Bell M. D.
2-15, 1930 (Address) Cape Girardeau 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: Richmond Cem. — DATE OF BURIAL: Feb. 16 1930

20. UNDERTAKER: Walther Mud Co. — ADDRESS: Cape Gir. 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.