

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.

NOV 26 1930

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

Do not use this space.

33550

1. PLACE OF DEATH

County Marion
Township Fabius
City _____ (No. _____)

Registration District No. 550
Primary Registration District No. 5743

File No. _____
Registered No. 66
St. _____ Ward _____

2. FULL NAME

George W. Dearing

(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 73 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 Rosalee Scott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 7, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. of _____ min.
73 10 3

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

9. BIRTHPLACE (CITY OR TOWN) Marion County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Alfred Dearing

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Elizabeth Holmes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Kentucky

14. INFORMANT Russell Dearing
(Address) Maywood, Mo.

15. FILED Oct 30 1930 J B McPike
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 10, 1930

17. I HEREBY CERTIFY, That I attended deceased from May _____, 1930, to Oct 10, 1930 that I last saw h. alive on Oct 10, 1930, and that death occurred, on the date stated above, at 6:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterial Sclerosis
Chronic Interstitial
Nephritis
History 2 yrs
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ 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?
(Signed) J. H. Ross, M. D.
, 19 _____ (Address) Camden, 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 Greenwood Cemetery
DATE OF BURIAL 10/12/1930

20. UNDERTAKER Lewis Bros
ADDRESS Palmira, Mo.

