

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

Do not use this space.

14039

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5354
City Madison (No. Madison Camp #49) Highway

File No. _____
Registered No. 151
St. _____ Ward _____

2. FULL NAME

Robert Straith Mears
(a) Residence No. _____ Jackson County 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 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 Shoeb Ann Mears

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
73 10 13

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

9. BIRTHPLACE (CITY OR TOWN) Washington Ind
(STATE OR COUNTRY)

10. NAME OF FATHER Benji F. Mears

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

12. MAIDEN NAME OF MOTHER Miss King

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

14. INFORMANT Robert B. Mears
(Address) Wichita, Kans

15. FILED 4-16 1931 JL Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15, 1931

17. I HEREBY CERTIFY That I attended deceased from April 1, 1931 to April 15, 1931
that I last saw her alive on April 15, 1931, and that death occurred, on the date stated above, at 4:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheria Mellitus
59
980

CONTRIBUTOR (SECONDARY) Gangrene (Lower limb)
(duration) 3 yrs. — mos. — ds.
(duration) 3 yrs. 3 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED Wichita, Kans.
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF 0

WHAT TEST CONFIRMED DIAGNOSIS? Physical and laboratory
(Signed) W.G. Howe M. D.

Apr. 15, 1931 (Address) Blue Springs, 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 Wichita, Kansas DATE OF BURIAL April 17 1931

20. UNDERTAKER W.G. Mitchell ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 23 1931

