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.

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

Do not use this space.

14125

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1634
Township Kaw — Primary Registration District No. 1002 — Registered No. 1634
City Kansas City — No. General Hosp # 2 — St. ..... Ward)

2. FULL NAME Earl Spears
(a) Residence. No. 5421 Mount Gaul 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 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 Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9" 1920
7. AGE 10 YEARS 9 years — MONTHS 6 7 — DAYS 29 29 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) La.
PARENTS
10. NAME OF FATHER Sonnie Spears
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) ? La
12. MAIDEN NAME OF MOTHER Irene Gipson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) La.
14. INFORMANT Rev Preston Allen
(Address) 2213 Charlotte
15. FILED 4/7, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 1931
17. I HEREBY CERTIFY, That I attended deceased from 3-31, 1931, to 4-6, 1931 that I last saw him alive on 4-6-31, 19..., and that death occurred, on the date stated above, at 8:45 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Obstruction (Cause unknown)
122B
129 (duration) ? yrs. ? mos. ds.
CONTRIBUTORY (SECONDARY) Acute Peritonitis
(duration) 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? Clinical
(Signed) D. M. Miller, M. D.
4/7, 1931 (Address) General Hospital #2

*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 Blue Ridge Lawn — DATE OF BURIAL 4-7 1931
20. UNDERTAKER H. B. Moore — ADDRESS 1820 E 18

Montgall