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.

OCT 26 1931

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

Do not use this space.

32352

1. PLACE OF DEATH
County St. Louis — Registration District No. 786 — File No.
Township Central — Primary Registration District No. 4469 — Registered No. 75
City Maplewood c. Mo. (No. 7615 Folk Ave. St. Ward)

2. FULL NAME John J Shearer
(a) Residence, No. 7615 Folk St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: XXXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-28-30

7. AGE: YEARS 1 — MONTHS 1 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: XXX
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

FATHER
13. NAME: DeWitt Shearer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER
15. MAIDEN NAME: Jennie Mieras
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holland

17. INFORMANT (ADDRESS): DeWitt Shearer 7615 Folk Maplewood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE 9/5/ 1931

19. UNDERTAKER (ADDRESS): Allen W. McLaughlin 1631 Missouri

20. FILED 9/5 1931 Mercedes Schuster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9/3/31, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1931, to Sept. 3, 1931
I last saw him alive on Sept. 3, 1931. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) — Date of onset 8/26/31

107A

Other contributory causes of importance:

107A

Name of operation ..... Date of .....
What test confirmed diagnosis? Inoculation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [illegible] M.D.
(Address) 4461 Washington St. Louis Mo