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

Do not use this space.

34025

File No. 3

Registered No. 7

1. PLACE OF DEATH

County: Daviess Registration District No. 252

Township: Jamesport Primary Registration District No. 5357

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME: Priscilla Jane Bear

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NOV 24 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 12-1852

7. AGE: Years 79 Months 9 Days ✓ If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Agriculture
10. Date deceased last worked at this occupation (month and year): Aug-1-1931
11. Total time (years) spent in this occupation: (Life)

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

FATHER

13. NAME: Joseph Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Sarah Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

17. INFORMANT (ADDRESS): Cap Bear Jamesport, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Pleasant Grove #2 DATE Oct. 14 1931

19. UNDERTAKER (ADDRESS): H. A. Hope Gallatin

20. FILED 10/14 1931 J. E. Hook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 12 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931 to Oct 12 1931

I last saw her alive on Oct 7 1931. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Colon	
HBC	

Other contributory causes of importance:

Name of operation: Laparotomy Date of: 10-3-31

What test confirmed diagnosis? Operation 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? no

If so, specify .....

(Signed) G. S. Harris, M. D.

(Address) Jamesport Mo