

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

Do not use this space.

307

1. PLACE OF DEATH
 13 County Baldwell Registration District No. 96
 4 Township _____ Primary Registration District No. 4058
 City Hamilton (No. _____) St. _____ (Ward) _____

2. FULL NAME Nellie Jane Lear
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
54 5- 15-

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Invalid
 (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) Darwin Mo

10. NAME OF FATHER Ben G Lear

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

12. MAIDEN NAME OF MOTHER Leanne Taylor

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

14. INFORMANT (Address) Sarah Lear Hamilton Mo

15. Jan 9 1932 Merle Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 7 1932 to Jan 8 1932 that I last saw her alive on Jan 7 1932 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
94A Angina Pectoris.
97
 (duration)yrs. 2 mos.ds.
 CONTRIBUTORY Astoria - sclerosis (SECONDARY) duration)yrs. 2 mos.ds.

18. WHERE WAS DISEASE CONTRACTED? 94A
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no (1)
 WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) J.M.D. Lee, M. D.
 , 19 _____ (Address) Hamilton 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 DATE OF BURIAL
Highland Cemetery Jan 10 1932

20. UNDERTAKER ADDRESS
John Houghton Hamilton Mo

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.

FEB 23 1932

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

