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.

JUN 21 1932

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

Do not use this space.

15176

File No.
Registered No. 78

1. PLACE OF DEATH
1 County Adair
2 Township
3 City Kirksville (No. , St. Ward)

Registration District No. 4
Primary Registration District No. 3001

2. FULL NAME Isabelle C Lear

(a) Residence, No. 201 E Illinois 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John W. Lear

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-27-1858

7. AGE: Years 74 | Months 2 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retd Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
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): Missouri 1

FATHER
13. NAME: John Nesbit 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky. 2

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 21

17. INFORMANT (ADDRESS): Mrs Virginia Lear, 201 E Illinois, Kirksville

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Newark, Mo DATE: 5-21-1932

19. UNDERTAKER (ADDRESS): Dee Gilley, Kirksville Mo

20. FILED: May 26 1932 Mrs C H Becker, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1932, to May 19, 1932
I last saw her alive on May 19, 1932. Death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	May 8-32
Other contributory causes of importance:	
Diabetes mellitus	1931

Name of operation: none Date of
What test confirmed diagnosis? none 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) E. H. Webster DO, M. D.
(Address) Kirksville Mo.