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

Do not use this space.

23400

1. PLACE OF DEATH

64 County Marion — Registration District No. 547 — File No.
1 Township Mason — Primary Registration District No. 3029 — Registered No. 204
8 City Hannibal (No. 415, Pine St. 1st Ward)

2. FULL NAME Mary Pittsburgh Wear

(a) Residence, No. 415 Pine 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.

JUL 25 1932

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph E. Wear

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
70	3	12	

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.

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) Adams Co., Illinois

FATHER

13. NAME Gabriel Cassel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Ohio

MOTHER

15. MAIDEN NAME Martha Flesner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data West Virginia

17. INFORMANT (ADDRESS) Mrs. T. R. O'Conner (Daughter 415 Pine Hannibal, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Clayton, Illinois DATE July 20, 1932

19. UNDERTAKER (ADDRESS) Stu M. Smith Hannibal, Missouri

20. FILED July 19, 1932 C. Colonsonis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1932 to July 18, 1932

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10:55 pm.

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

	Date of onset
Exhaustion	
(Insanity)	
54	
62	

Other contributory causes of importance:

Flu 1918	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

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) C. E. Salyer, M. D.

(Address) Hannibal 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.

WRITE PLAINLY, WITH INK, IN BLACK PRINT