

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 1932

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

Do not use this space.
29686

1. PLACE OF DEATH
 55 County Layman Registration District No. 469
 Township Greene Primary Registration District No. 3632
 City _____ (No) _____ St. _____ Ward _____

2. FULL NAME Charles Pleasant Spear
 (a) Residence, No. Miller Mo St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. HUSBAND OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-7-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 11 10

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming!
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. acc in leg
 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) Madison Mo

FATHER
 13. NAME William F. Spear
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill -

MOTHER
 15. MAIDEN NAME Mary F. Sater
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

17. INFORMANT Charles Spear
 (ADDRESS) 717 W. 1st

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wassatah DATE 9-18-1932

19. UNDERTAKER Mamma Luman
 (ADDRESS) Miller Mo

20. FILED 10-1 1932 W. S. Boney
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 17th, 1932 to Sept 17th, 1932
 I last saw him alive on dead Sept 17, 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Fractured skull caused by runaway team, bird prey 30 minutes after accident.
 Other contributory causes of importance: W.M.
 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? Accident Date of injury Sept. 17, 1932
 Where did injury occur? on public road
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Runaway Team
 Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) L. J. Holmes, M. D.
 (Address) Miller Mo

