

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

Do not use this space.

31121

1. PLACE OF DEATH

97 County Saline

Registration District No. 801

9 Township

Primary Registration District No. 4480

City Sweet Springs (No. ....)

St. .... Ward)

2. FULL NAME Howard Bryce 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
6 6 7

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.

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) Sweet Springs Mo

13. NAME Charles Howard Lear

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

15. MAIDEN NAME Essie Marie Mullineaux

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

17. INFORMANT Charles H Lear (ADDRESS) Sweet Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sweet Springs Mo DATE Sept 29 1932

19. UNDERTAKER Wesley Harvey (ADDRESS) Sweet Springs Mo

20. FILED 9-27 1932 R. B. Ringer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1932 to Sept 27 1932  
I last saw h. in alive on Sept 26 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Asphyxiation from a cough that threw blood to circulate  
ride  
158 158  
Date of onset 9-26-32

Other contributory causes of importance: (1)

Name of operation None Date of no

What test confirmed diagnosis? clinical 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) O. H. Nichols M. D.  
(Address) Sweet Springs

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 30 1932

WHILE FLEETING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

