

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Township

City St. Joseph

Registration District No. 85

Primary Registration District No. 1001

File No. 31504

Registered No. 1005

2. FULL NAME

(a) Residence, No. St. Joseph

(Usual place of abode)

St. Pattersonburg Ward Mo

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

7

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Henry Lear

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

Aug 25-1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72

1

31

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housewife

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)

Wynnesboro
Indiana

FATHER

13. NAME W M Savage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown
unknown

MOTHER

15. MAIDEN NAME

unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown
unknown

17. INFORMANT

Henry Lear
Pattersonburg Mo.

18. BURIAL, CREMATION, OR REMOVAL

Pattersonburg DATE Oct 16 1932

19. UNDERTAKER

(ADDRESS)

John H. Bender
Pattersonburg Mo.

20. FILED

10-16-32

John H. Bender
Registrar

4 MEDICAL CERTIFICATE OF DEATH

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

Oct 16 1932

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 10 1932, to Oct 16 1932

I last saw her alive on Oct. 16 1932 Death is said

to have occurred on the date stated above, at 6:45 m.

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

Coronary Embolism Sudden

Other contributory causes of importance:

Fracture left hip.

Name of operation Reduction fracture Date of Oct. 13-32

What test confirmed diagnosis? X-Ray 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 Oct 10, 1932

Where did injury occur? Pattersonburg Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall on floor at home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. J. Cannon M. D.

(Address) St. Joseph, 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.

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