

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

Do not use this space.

29440

OCT 20 1933

1. PLACE OF DEATH  
 County Henry Registration District No. 347  
 Township Clinton Mo Primary Registration District No. 3018  
 City Clinton Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME James Howard Nathaniel Wears  
 (a) Residence, No. 316 E Grandfair Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. \_\_\_\_\_  
 Registered No. 50

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta Wears  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-20-1861  
 7. AGE YEARS 71 MONTHS 10 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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 Life

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13 1933  
 22. I HEREBY CERTIFY, That I attended deceased from 9/11, 1933, to 9/13, 1933  
 I last saw him alive on 9/12, 1933 Death is said to have occurred on the date stated above, at 2:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Mo  
 13. NAME James Wears  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Mo  
 15. MAIDEN NAME Elizabeth Jones  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Mo  
 17. INFORMANT Devey Wears (ADDRESS) Clinton Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Devo Cemetery DATE 9-14 1933  
 19. UNDERTAKER Fred E. Wickham (ADDRESS) Clinton Mo  
 20. FILED 9/13 1933 Ed C. Peelor Registrar.

Apoplexy  
131  
82A  
131  
 Other contributory causes of importance:  
Cardio-Vascular-Renal Disease  
 Date of onset 9/11/33

8 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? No  
 If so, specify \_\_\_\_\_ (Signed) Ed C. Peelor ; M. D.  
 (Address) Clinton, 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.

WHITE PLAIN, WITH UNFRONTING INK—THIS IS A PERMANENT RECORD

