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.

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Cooper — Registration District No. 218 — File No. 24 4385

Township — Primary Registration District No. 3015 — Registered No.

City Boonville (No. , St. Ward)

2. FULL NAME Clarence Shears.

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bettie E. Shears

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 - 1858

7. AGE — YEARS 76 — MONTHS — DAYS 17 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Oct - 1933 — 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co. Ill.

FATHER

13. NAME Robert Shears.

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

MOTHER

15. MAIDEN NAME Emily Wilcox

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

17. INFORMANT (ADDRESS) Mrs James Tucker Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Walnut Grove Cem DATE Mar 1 - 1934

19. UNDERTAKER (ADDRESS) Goodman & Boller Boonville Mo

20. FILED Mar 1, 1934 R W Bosworth Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1933, to Feb 27, 1934

I last saw him alive on Feb 27th, 1934. Death is said to have occurred on the date stated above, at 10 A.m.

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

Carcinoma of Stomach — Date of onset

46 B
11 B

Other contributory causes of importance: influenza

Name of operation — Date of —

What test confirmed diagnosis? Symptoms 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?

If so, specify

(Signed) R. L. Evans, M. D.

(Address) Boonville Mo