

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

Do not use this space.

8405

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**1. PLACE OF DEATH**

County Daviess

Registration District No. 354

Township Renton

Primary Registration District No. 5355

City

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME** Arthur Wayne 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5, 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>XXXX</u>	<u>XXXX</u>	<u>2223</u>	

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.

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) Daviess Co

13. NAME Albert Lear

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pattonsburg, Mo

15. MAIDEN NAME Bessie Lovejoy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) pattonsburg, Mo

17. INFORMANT Albert Lear (ADDRESS) Pattonsburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Savage DATE 3/29/34

19. UNDERTAKER W. Kramer (ADDRESS) Pattonsburg, Mo

20. FILED 3/29/34 19 Francis C Sutton Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1934 to 3/28, 1934.

I last saw him alive on 3/28, 1934. Death is said to have occurred on the date stated above, at 10 PM.

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

Poison Eulenia Gum.  
Defected Packed milk.

Date of onset

Other contributory causes of importance

23. 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 \_\_\_\_\_, 1934

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) John Z. Parker

M. D.

(Address) Pattonsburg, 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!

1934

RECORD THIS IS A PERMANENT RECORD

