

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

Do not use this space.

MAR 14 1935

4853

**1. PLACE OF DEATH**

County Madison  
Township Beaumont  
City Pattonburg (No. ....)

Registration District No. 254  
Primary Registration District No. 4154

File No. 8  
Registered No. ....  
St. .... Ward)

**2. FULL NAME** Lewis Luther 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>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 12 - 1856</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>4</u>	DAYS <u>4</u>
If LESS than 1 day, ..... hrs. or ..... min.		
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. <u>Farmer</u>	
	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) <u>Harrison, Mo.</u>		
FATHER	13. NAME <u>Joseph Lear</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
MOTHER	15. MAIDEN NAME <u>Patsy Bunnell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
17. INFORMANT <u>C. B. Lear</u> (ADDRESS) <u>Pattonburg, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Pat. Town Cemetery</u> DATE <u>Feb 17 1935</u>		
19. UNDERTAKER <u>G. L. Gromer, Pattonburg</u> (ADDRESS) <u>Mo.</u>		
20. FILED <u>Feb 17 1935</u> <u>Frances C. Sutton</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1935 to Feb. 14 1935

I last saw him alive on Feb. 14 1935 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:  
arteriosclerosis & chronic nephritis myocarditis

Date of onset 131

Other contributory causes of importance: .....

Name of operation .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

Where did injury occur? .....

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 Frank W. Wedges M. D.  
(Signed) Pattonburg  
(Address) Pattonburg

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.

