

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

Do not use this space.

36369

DEC 19 1935

1. PLACE OF DEATH

County Jackson
Township Prairie
City Little Blue Miss Jackson County Mo

Registration District No. 400
Primary Registration District No. 5531A

File No. _____
Registered No. 214
Ward _____

2. FULL NAME Adam E. Fearing

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unk

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>about</u>	<u>79</u>			

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

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) Dont know

13. NAME Dont know

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

15. MAIDEN NAME Dont know

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

17. INFORMANT Record Clerk, Cotton
(ADDRESS) Little Blue, Mo

18. BURIAL, CREMATION, OR REMOVAL Western Dental College
DATE 11-14-35

19. UNDERTAKER Felton + Greenstreet
(ADDRESS) RC mo

20. FILED 10015-1935 William J. Fields
Registrar.

MEDICAL CERTIFICATE OF DEATH 3 pm.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-12-35 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1935, to Nov 12 1935.

I last saw him alive on Nov 12, 1935. Death is said

to have occurred on the date stated above, at 3:00 p.m.

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

Cortic - Mites / Insufficiency

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Phy Ex. 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 _____, 1935

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) L. W. Booker, M. D.

(Address) 2028 Vine St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

