

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

Do not use this space.

APR 14 1936

6580

1. PLACE OF DEATH

County Lafayette
Township
City Dever (No. , St. Ward)

Registration District No. 460
Primary Registration District No. 5623

File No.
Registered No.

2. FULL NAME Samuel Bear

(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 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 Justine Schmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 0 11

OCCUPATION 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

12. BIRTHPLACE (CITY OR TOWN) DuShore, Sullivan Co. (STATE OR COUNTRY) Penn.

FATHER 13. NAME John Bear

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

MOTHER 15. MAIDEN NAME Dont Know

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

17. INFORMANT W.E. Bear (ADDRESS) Dover, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo. DATE Feb. 10, 1936

19. UNDERTAKER Winkler (ADDRESS) Lexington, Mo.

20. FILED Apr 9 1936 W.B. Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from , 19
Dr. G. S. Williams
I last saw h..... alive on , 19 . Death is said to have occurred on the date stated above, at 5:15 P. M.
The principal cause of death and related causes of importance were as follows:

Dr. G. S. Williams
Arteriosclerosis
Date of onset

Other contributory causes of importance:

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?
If so, specify
(Signed) W.B. Webb, M. D.
(Address)

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.

