

APR 11 1936

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

Do not use this space.

791

8530

1. PLACE OF DEATH

County.....

Registration District No.....

Township
City St Louis

Primary Registration District No. 1003
City Hospital

File No. 2234

Registered No. 2234

St. Ward)

7-18309
2. FULL NAME

6
Elea Thomas Lear

(a) Residence, No. 2565 North Market St. 20 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Edna
WIDOW OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1873.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65.62 7 14

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

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) 2 weeks. 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

13. NAME Zacharia Lear

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

15. MAIDEN NAME Martha Gore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs Edna Lear (ADDRESS) 2565 N Market

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope DATE March 2, 1936

19. UNDERTAKER A. H. McLaughlin (ADDRESS) 2301 Lafayette

20. FILED MAR 2 1936 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/29/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2/21, 1936 to 2/29/36, 19. I last saw him alive on 2/29, 1936. Death is said to have occurred on the date stated above, at 10:20 a.m. The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
Date of onset
Other contributory causes of importance: 23

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? N.O.

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) J. Brebeck, M. D.
(Address) City of St. Louis

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.

