

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

Do not use this space.

11874

1. PLACE OF DEATH

County Pettis
Township La Monte
City _____ (No. _____ St. _____ Ward _____)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. _____

2. FULL NAME

Franklin E. Wear

(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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar = 10 = 36</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.
		<u>3 -</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Pettis Mo
(STATE OR COUNTRY)

13. NAME Leavell Wear

14. BIRTHPLACE (CITY OR TOWN) Pettis Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Alvina Snapp

16. BIRTHPLACE (CITY OR TOWN) For Henry Res
(STATE OR COUNTRY)

17. INFORMANT Leavell Wear
(ADDRESS) La Monte Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE La Monte DATE 3-14 1936

19. UNDERTAKER R. F. Carver
(ADDRESS) La Monte Mo

20. FILED 3-14 1936 R. F. Carver
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 = 13 1936

22. I HEREBY CERTIFY, That I attended deceased from

3/11 1936, to 3/13 1936

I last saw him alive on 3/12 1936 Death is said

to have occurred on the date stated above, at 5 P m.

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

Asphyxiation at birth -

Other contributory causes of importance: 16 11

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) R. F. Carver, M. D.

(Address) La Monte Mo

