

AUG 27 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

23846

 File No. 206 208
 Registered No. 668
 St. _____ Ward _____

1. PLACE OF DEATH

 County Pettis
 Township Sedalia
 City Sedalia, Mo. (No. Bethel)

 Registration District No. 665
 Primary Registration District No. 3032
FULL NAME Mrs. Mary Jane Wear
 (a) Residence, No. Lincoln, Mo. St. _____ Ward _____
 (Usual place of abode)

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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Wilson Wear</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 15, 1853</u>		
7. AGE <u>83</u>	YEARS <u>4</u>	MONTHS <u>10</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.	<u>House wife</u>
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) Okeana
(STATE OR COUNTRY) Ohio13. NAME Jacob Barney14. BIRTHPLACE (CITY OR TOWN) do not know
(STATE OR COUNTRY) Kentucky15. MAIDEN NAME Mary Ann McLain16. BIRTHPLACE (CITY OR TOWN) do not know
(STATE OR COUNTRY) do not know17. INFORMANT Mrs. W. C. Wear
(ADDRESS) Lincoln, Mo.18. BURIAL, CREMATION, OR REMOVAL to Burial Co.
PLACE Lincoln Home DATE June 26, 193619. UNDERTAKER Mr. J. B. Colbert
(ADDRESS) Lincoln, Mo.20. FILED 7-1 1936 Jean Slack
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1936
 22. I HEREBY CERTIFY that I attended deceased from June 25, 1936, to June 25, 1936
 last saw her alive on June 25, 1936 Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of colon
 Date of onset _____

 Other contributory causes of importance:
myocarditis

 Name of operation by Dr. [unclear] Date of 6-25-36
 What test confirmed diagnosis? None Was there an autopsy? no

 23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? no
 If so, specify _____

 (Signed) M. C. Shy, M. D.
 (Address) Sedalia Mo

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.

