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

JUL 29 1936

Do not use this space.

25300

1. PLACE OF DEATH
County: Vernon
Township: Bacon
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 877
Primary Registration District No. 6163

File No. .....
Registered No. 92

2. FULL NAME: Harvey Aubrey 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Tena Bear

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 2, 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	1	20	

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): April 20
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bonnewella Mo

FATHER

13. NAME: Thos. A. Bear
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co Mo

MOTHER

15. MAIDEN NAME: Josephine Burrus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co. Mo

17. INFORMANT (ADDRESS): Tena Bear Harwood Mo

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
Walnut Grove Cemetery Bonnewella Mo DATE 6/24 1936

19. UNDERTAKER (ADDRESS): Oliver Company Harwood Mo

20. FILED June 24 1936 Pearl Peters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1936, to June 22, 1936
I last saw h. alive on June 22, 1936. Death is said to have occurred on the date stated above at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy of Brain	

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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 ....., 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) C. B. Davis, M. D.
(Address) Walker Mo