

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.

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

Do not use this space.

5 MAR 16 1937

5311

1. PLACE OF DEATH

County Candeur

Registration District No. 117

Township Osage

Primary Registration District No. 5762

City Linn-Creek, mo R. 7. 10

File No. 8

Registered No. _____

St. _____ Ward) _____

2. FULL NAME Albert Martin Bears

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. _____

(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

white

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

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

Catherine Louise Bears

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

Dec 4 1877

7. AGE

YEARS

59

MONTHS

2

DAYS

16

If LESS than 1
day, _____ hrs.
or _____ min.

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)
(STATE OR COUNTRY)

mo

MOTHER FATHER

13. NAME

Lymon Elvira Bears

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

15. MAIDEN NAME

Elvira Booth

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

17. INFORMANT
(ADDRESS)

J E Bears
Linn Creek, mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Myrtle Cem. DATE Feb 21 1937

19. UNDERTAKER
(ADDRESS)

Bankroan-Woolery F S
Candeur, mo

20. FILED

Mar 10 1937 Lizzie Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb 20 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb 10 1937, to Feb 20 1937

I last saw him alive on Feb 11 1937 Death is said

to have occurred on the date stated above, at 12:30 AM

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

Diabetes Mellitis

Date of onset

1934

Other contributory causes of importance:

Infection

2-20-37

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)

Self Candeur

(Address)

M. D.

