

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

Do not use this space.

APR 16 1937

311624

1. PLACE OF DEATH

County Clair
Township Liberty
City (No. St. Ward)

Registration District No. 201
Primary Registration District No. 5280

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. Robert M. Shearer
(Usual place of abode) Liberty, Mo. 1 St., _____ Ward.

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3d, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 - 1859

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 77 6 23

Arteriosclerosis - Date of onset _____

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. for self
10. Date deceased last worked at this occupation (month and year) 20 11
11. Total time (years) spent in this occupation 20

Other contributory causes of importance: Coronary occlusion

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty, Mo

Name of operation no Date of _____

13. NAME Robert Shearer

What test confirmed diagnosis? ? Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty, Mo

15. MAIDEN NAME Malinda Groves

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Natural Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty, Mo

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Mrs Van Hayes

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE near Liberty, Mo DATE 4/15/37

Manner of injury _____ Nature of injury _____

19. UNDERTAKER Chubb - Archer Co

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED 4/15 1937 E. T. Brown Registrar

If so, specify _____ (Signed) W. S. Young, M. D.

(Address) Liberty, Clay County, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

