

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

Do not use this space.

44 JUL 29 1937

23989

1. PLACE OF DEATH
 County Gasper Registration District No. 411
 Township Goplin Primary Registration District No. 2902
 City Bacon Ridge (No. 1) St. _____ Ward _____

2. FULL NAME Edwin W Sear
 (a) Residence, No. Bacon Ridge Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 7 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

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) Penn.

13. NAME Joseph Sear

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

15. MOTHER'S NAME Maria Cushman

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

17. INFORMANT Latta Sess
 (ADDRESS) Goplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Place City DATE 6-18-37

19. UNDERTAKER (ADDRESS) Wurthig and Co

20. FILED 6-17-37 Gasper Mo
 Registrar J. J. Jones

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16-37

22. I HEREBY CERTIFY, That I attended deceased from 6-16-37, 1937, to 6-16-37, 1937
 I last saw him live on June 16, 1937. Death is said to have occurred on the date stated above, at 9 m. A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
arterio-sclerosis
 Other contributory causes of importance: 820
arterio-sclerosis

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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 H

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) A. J. Winchester Conover, M. D.
 (Address) Gasper 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.

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