

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.

AUG 23 1937

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

Do not use this space.

27227

1. PLACE OF DEATH

39 County Greene Registration District No. 318 File No. 581
 53 Township Springfield Primary Registration District No. 2001 Registered No. 581
 City Springfield (No. 27227) Chas. A. George St. Wm. View Mo Ward)

2. FULL NAME

(a) Residence No. Wm. View Mo St. Wm. View Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 1 7 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 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) Wm. View Mo

FATHER 13. NAME James Winston Gears

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

MOTHER 15. MAIDEN NAME Edna Michels

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

17. INFORMANT James Winston Gears (ADDRESS) Wm. View Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. View Mo DATE July 16, 1937

19. UNDERTAKER John Burr (ADDRESS) Wm. View Mo

20. FILED July 14, 1937 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1937

22. I HEREBY CERTIFY That I attended deceased from July 14, 1937 to July 14, 1937
 I last saw him alive on July 14, 1937 Death is said to have occurred on the date stated above, at 5:58 m.

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

enteritis
 Other contributory causes of importance: 11AB

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) Trillingham P. Yarnall M. D. (Address) 509 Walnut Spring, Mo

