SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 2 — File No. 29686

Township Kaw — Primary Registration District No. 399 — Registered No. 3320

City Kansas City (No. 2610 Locust 1002 St. Ward)

2. FULL NAME Thomas Crooks Grear

(a) Residence, No. 2610 Locust St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida B. Grear

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 18, 1872

7. AGE: YEARS 64 — MONTHS 10 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brick Mason
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): Aug. 1937
11. Total time (years) spent in this occupation

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

FATHER

13. NAME: Hiram Wiley Grear
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Mary Estes Crooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs. Ruth Grear Smith, 4352 Rockhill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Milan, Mo. DATE Aug. 9, 1937

19. UNDERTAKER (ADDRESS): D.W. Newcomer's Sons

20. FILED 8-9, 1937 M.M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 8, 1937

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

I last saw h..... alive on ..., 19..... Death is said to have occurred on the date stated above, at 3:15 P.m.

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

Ruptured Aorta
Hemipericardium

Date of onset

Other contributory causes of importance: 96

Name of operation ..... Date of ...

What test confirmed diagnosis? Autopsy 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

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) [signature]

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.

Prof. Bldg.