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.

NOV 17 1937

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

Do not use this space.

1. PLACE OF DEATH
County Daviess
Township Monroe
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 250
Primary Registration District No. 5349

File No. 37532
Registered No. 34

2. FULL NAME Wilbur LeRoy Sears

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (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 (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May. 8. 1907

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
30	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Labor
10. Date deceased last worked at this occupation (month and year) Oct. 1937
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Melbourne
(STATE OR COUNTRY) Arkansas

FATHER
13. NAME Thomas Sears
14. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Arkansas

MOTHER
15. MAIDEN NAME Orpha Marchant
16. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Arkansas

17. INFORMANT Mrs. Orpha Sears
(ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Whitt Cemetery DATE Oct. 26, 1937

19. UNDERTAKER Hope Furn. & Undt. Co.,
(ADDRESS) Gallatin, Mo.

20. FILED Oct. 25, 1937 H. A. Hope
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1937

22. I HEREBY CERTIFY, That I ~~attended~~ VIEWED deceased from Oct. 23, 1937, to Oct. 23, 1937
I last saw him ~~alive~~ dead on Oct. 23, 1937. Death is said to have occurred on the date stated above, at About 10:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Neck & Internal Injuries	10-23-37

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Examination Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-23, 1937
Where did injury occur? Daviess Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place, State High-way # 13
Manner of injury Broken Neck & Internal injuries
Nature of injury Automobile overturned

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....
(Signed) Floyd E. Nelson M.D.
(Address) Gallatin, Missouri