

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

Do not use this space.

3852

**1. PLACE OF DEATH**

County Mandolph Registration District No. 734  
 Township Jackson Primary Registration District No. 4439  
 City Rockersville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ruffus Franklin Bear 500

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mar. A. F. Bear</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 11, 1862</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>10</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		
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 _____		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to Jan 13, 1938.

I last saw him alive on Jan 13, 1938. Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Myocardial Failure -  
arterial Hypertension -

Date of onset

Other contributory causes of importance:

*(Handwritten signature/initials)*

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) Donald E. Burt, M. D.  
 (Address) Rockersville, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Old Allen</u>
	13. NAME <u>Geo. Bear</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
	15. MAIDEN NAME <u>Elizabeth Tisue</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri Mo.</u>
	17. INFORMANT (ADDRESS) <u>Harriet Bear</u> <u>Danion Bridge Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> DATE <u>Jan 15</u> , 19 <u>38</u>
	19. UNDERTAKER (ADDRESS) <u>Snow Funeral Home</u> <u>Moberly Mo.</u>
	20. FILED <u>Jan 15</u> , 19 <u>38</u> <u>R. M. Pater</u> Registrar.

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.

RECEIVED

FEB 28 1938

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