

RECD MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Carroll*
Township *Combs*
City *Carrollton Mo* (No. *2*)

Registration District No. *134*
Primary Registration District No. *5189*

File No. *6350*
Registered No. *5*
St. _____ Ward _____

2. FULL NAME

Charles Hadley Fears 620

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

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

Anna Fears

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

April 7 - 1864

7. AGE

YEARS *73*

MONTHS *10*

DAYS *17*

If LESS than 1 day, _____ hrs. or _____ min.

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

Farmer

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)

Lundy Co Missouri

13. NAME

Joseph Fears

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

unknown

15. MAIDEN NAME

Hannie Tiffin

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

Ohio

17. INFORMANT (ADDRESS)

Jack Fears Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Big Creek Cemetery* DATE *Feb 26 1938*

19. UNDERTAKER (ADDRESS)

David Edward Brown Mo

20. FILED

Feb 25 1938 Mrs. Boss Brown Registrar

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

February 24, 1938

I HEREBY CERTIFY That I attended deceased from *July 1, 1937, to Feb 24, 1938*

I last saw him alive on *2-27, 1938* Death is said to have occurred on the date stated above, at *6:20 A.M.*

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

Carcinoma of Mouth

Date of onset

Other contributory causes of importance:

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) *H. B. Scovern*, M. D.
Carrollton, 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.

