

101 MAY 25 1938

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

101 molt
Do not use this space.

16161

1. PLACE OF DEATH

County Wright
Township Sabonade
City Hartsville (No. 1)

Registration District No. 906
Primary Registration District No. 6221

File No. 8
Registered No. 8
St. 8 Ward 8

2. FULL NAME

Sabina Red Bear 600

(a) Residence, No. 600 St. 8 Ward 8
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</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>Samuel S Bear</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 2 1851</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>1</u>	DAY <u>7</u>
IF LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
--

13. NAME <u>Frank M Glascock</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>
--

15. MAIDEN NAME <u>Angeline Lucas</u>
--

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>
--

17. INFORMANT (ADDRESS) <u>Maria S Bear</u> <u>Hartsville Mo</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hartsville, Mo</u> DATE <u>Feb 11 1938</u>
--

19. UNDERTAKER (ADDRESS) <u>Gene E Holdren</u> <u>Hartsville Mo</u>
--

20. FILED <u>File 11 1938</u> <u>Carlyn Ellis</u> Registrar
--

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb 9 1938</u>

22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 5 1938</u> to <u>Feb 9 1938</u>

I last saw h. <u>u</u> alive on <u>Feb 8 1938</u> Death is said to have occurred on the date stated above, at <u>1:30 a.m.</u>
--

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

Lobar Pneumonia

Date of onset

Feb 5 1938

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
--	----------------

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) <u>J. R. Mott</u> , M. D.

(Address) <u>Hartsville Mo</u>

83

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.

