

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

Do not use this space.

REC'D JUN 17 1938

18390

1. PLACE OF DEATH

County Howard,

Registration District No. 378

File No. _____

Township _____

Primary Registration District No. 4222

Registered No. 29

City Fayette,

(No. _____)

St. _____

Ward _____

2. FULL NAME

Eugene Hendrix Sears,

620

(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) Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/22nd 1876

7. AGE 62

YEARS

MONTHS 3

DAYS 9

If LESS than 1 day, hrs. or min.

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

At home

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) Missouri

13. NAME Peter R. Sears.

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

15. MAIDEN NAME Alice Roer,

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

17. INFORMANT Carl Sears, Fayette, Mo.

18. BURIAL PLACE (CITY OR TOWN) OR REMOVAL PLACE City Cemetary DATE 6/2nd 1938

19. UNDERTAKER Guy T. Halley, Fayette, Mo.

20. FILED June 2, 1938 V. O. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/31st 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1929, to May 31 1938

I last saw him alive on May 30, 1938 Death is said

to have occurred on the date stated above, at 5³⁰ P. m.

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

Chronic Interstitial Nephritis Date of onset 1933

Other contributory causes of importance: Hypertension 33

Cerebral hemorrhage 35

Name of operation none Date of _____

What test confirmed diagnosis Physiologic Was there an autopsy? No

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? No

If so, specify _____

(Signed) Wm. J. Shaw M. D.

339 (Address) Fayette, 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.

