

1938 SEP 23

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

Do not use this space.

30323

1. PLACE OF DEATH

County *Wright*
Township *Wood*
City *Wood*

Registration District No. *908*
Primary Registration District No. *2223*

File No. *30323*
Registered No. *31*

2. FULL NAME

Charles Hranacha Dear 600

(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 *48* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Anna M. Dear*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 7 - 1857*

7. AGE YEARS *81* MONTHS *4* DAYS *1* 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) *Bellefontaine Ohio*

13. NAME *Unknown*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Mrs. Perry Redman*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Friendship* DATE *6-9-1938*

19. UNDERTAKER (ADDRESS) *Better Funeral Home*

20. FILED *8-1-1938* *Bessie Montgomery* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-8-1938*

22. I HEREBY CERTIFY That I attended deceased from *June 2* 19*38* to *June 8* 19*38*

I last saw him *live on June 7* 19*38* 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 infarction
of coronary artery
kind

Other contributory causes of importance: *188*

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) *L. J. Lawrence* M. D.
(Address) *Wood*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-92

Date Filed 9-20-38

V. S. NO.

20M-2-15

1

N.

O.