

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

Do not use this space.

**FILED JUN 11 1945**

**17988**

1. PLACE OF DEATH  
 County St. Francois Registration District No. 316  
 Township Ward Primary Registration District No. 6074  
 City Leadwood (No. ....) St. .... Ward)  
 2. FULL NAME Lynn Van Lear  
 (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (or) WIFE (or) WIFE  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 - 1878  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 66 10 9 -  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. ✓  
 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) Orondell Mo  
 FATHER  
 13. NAME James L. Van Lear  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
 MOTHER  
 15. MAIDEN NAME Hutton  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 17. INFORMANT (ADDRESS) Clarence C. Van Lear  
Leadwood, Mo  
 18. BURIAL, CREMATION, OR REMOVAL Home DATE 4-23 1945  
 19. UNDERTAKER (ADDRESS) Baldwell Bros  
Flat River, Mo  
 20. FILED 6/25/45 19 Clair R. Cullopp Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21 1945  
 22. I HEREBY CERTIFY, That I attended deceased from 1-2-1945 to 4-20-1945  
 I last saw him alive on 4-20-1945 Death is said to have occurred on the date stated above, at 11A m.  
 The principal cause of death and related causes of importance were as follows:  
arteriosclerotic cardiovascular disease Date of onset  
 Other contributory causes of importance:  
diabetic mellitus  
 Name of operation W 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? no  
 If so, specify .....  
 (Signed) John W. Hunt, M. D.  
 (Address) Leadwood Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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Health Officer No. 4  
District File Number 645-71  
Date Filed 6-7-45