

CT 22 1928

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

Do not use this space.

29766

1. PLACE OF DEATH

County Buchanan  
Township  
City St. Joseph, (No. 207 1/2 Felix Street)

Registration District No. 85  
Primary Registration District No. 1001

File No.  
Registered No. 1072  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

George Hear

(a) Residence. No. 207 1/2 Felix Street St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 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) Unknown

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
About 55 Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dishwasher  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer Marchain Restraunt

9. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

14. INFORMANT Frank Kyle - Dep. Coroner  
St. Joseph, Mo.

15. FILED 12 1928  
John W. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 7th 19 28

17. Viewed On Sept. 8

I HEREBY CERTIFY, That deceased deceased from Sept. 8, 1928, to 19, 1928, and that that I last saw h. alive on, 1928, and that death occurred, on the date stated above, at Unknown m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Gunshot wound in heart  
suicide.

167 / 170 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 170 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? view of circumstances  
of killing  
(Signed) J. W. Utz, M. D.

Sept. 11 1928 (Address) St. Joseph Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetery DATE OF BURIAL Sept. 12 1928

20. UNDERTAKER H. O. Sidney ADDRESS 1802 Union Str

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.

