

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township St Joseph
City St Joseph (No. 520 S. 7th)

85
Registration District No. 1001
Primary Registration District No. 1001

File No. 15809
Registered No. 546
St. _____ Ward _____

2. FULL NAME

Julia Maxine Sears

(a) Residence, No. 520 S. 7th St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 4 4

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. None
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) St Joseph Mo.

13. NAME William E Sears

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockridge Mo.

15. MAIDEN NAME Rachel J Clevenger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo.

17. INFORMANT Wm E Sears (ADDRESS) St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Burial DATE May 27 1933

19. UNDERTAKER Fleeman Funeral Home (ADDRESS) 1946 Col. Houn

20. FILED MAY 26 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20 1933 to May 25 1933
I last saw her alive on May 25 1933 Death is said to have occurred on the date stated above, at 11:20 A m

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

Bronchopneumonia Date of onset May 17-1933

Other contributory causes of importance:

Pleurisy May 22-1933

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Charles H. Kernner M. D.
(Address) 407 Kirkpatrick Bldg.

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.

JUN 20 1933

Number

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