

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

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

Do not use this space.

1. PLACE OF DEATH

County JACKSON Registration District No. 398
Township KAW Primary Registration District No. 1001
City KANSAS CITY (No. TRINITY LUTHERAN HOSPITAL St. Ward)

16449

File No.
Registered No. 1926

2. FULL NAME MAGRUDER C FEARS

(a) Residence, No. 3543 - BALES St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MRS. EMMA FEARS</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JULY 7 - 1860</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>9</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>CHIEF GRAIN INSPECTOR</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>STATE OF MISSOURI</u>		
10. Date deceased last worked at this occupation (month and year) <u>APRIL - 1933</u>		11. Total time (years) spent in this occupation <u>50 YRS</u>

12. BIRTHPLACE (CITY OR TOWN) INDIAN SPRINGS
(STATE OR COUNTRY) GEORGIA

13. NAME PARKS FERRELL FEARS

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MR. SAMUEL P. FEARS
(ADDRESS) CHICAGO ILLINOIS

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. LOUIS, MISSOURI DATE MAY - 4 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED May 3 1933 M. M. Corneil
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY - 2 1933

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1933, to May 2, 1933

I last saw him alive on May 3, 1933. Death is said to have occurred on the date stated above, at 4:05 P. m.

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

Polary Pneumonia.
108
156 / 108

Date of onset
4-22-33

Other contributory causes of importance:
chronic alcoholism.

Name of operation Date of
What test confirmed diagnosis? Siguptas as 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?
If so, specify

(Signed) Obakar Wofmann, M. D.
(Address) 806 North 1st St.

W. V. Moker Hoffman

806 - Rialto Bldg

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