

Lexington Herald - February 3, 1936

ARCHIE SEARS IS FOUND DEAD

Succumbs at Home on Maple
Avenue: Was Fayette
County Road
Employee

FUNERAL WILL BE TODAY

Archie C. Sears, 26, died at his residence, 712 Maple avenue, yesterday morning shortly after 4 o'clock from a gunshot wound in his head. A shotgun containing an exploded shell was found near the body.

Mr. Sears, an employe of the Fayette county road department, was the son of Lula Hipshire and Thomas Sears, and was born in Fayette county.

He is survived by his wife, Mrs. Hazel Sears; one daughter, Bettie Jo Sears; his father; three brothers, Harvey, Allen and Eugene Sears, all of Fayette county; five sisters, Mrs. Howard Ward, Fayette county; Mrs. Charles Burgin, Detroit, Mich.; Mrs. Stella Mae Perkins, Miss Dorothy Sears and Miss Mattie Clay Sears, and a half-sister, Mrs. Cora Stivers, of Lexington.

The body was removed to the Kerr Brothers funeral home and later to his residence.

Funeral services will be held at the Old Union Christian church this afternoon at 3 o'clock. Burial will follow in the family lot in the Old Union cemetery. The funeral cortege will leave the Maple avenue address this afternoon at 2 o'clock.

The hearers will be James Makee, James Hughlett, Clarence Shanks, Revis Laudeman, Shelby Sloane and Barkley Williams.

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Sears, Archie C 1909 - 1936



Form V. S. 1-A
COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Fayette
 City Lexington (No. 742 Maple Ave. St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Archie C. Sears
 (a) Residence, No. 742 Maple Ave. 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. New long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>			21. DATE OF DEATH <u>February 2</u> , 19 <u>36</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ I last saw h_____ alive on _____, 19____ death is said to have occurred on the date stated above, at <u>5:00</u> p. m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Shot near wound in right temple</u>	
6. DATE OF BIRTH <u>August 18, 1909</u>					Date of onset _____	
7. AGE Years <u>26</u> Months <u>5</u> Days <u>14</u> If LESS than 1 day..... hrs. or..... min.					Contributory causes of importance not related to principal cause: <u>Suicide</u>	
8. Trade, profession, or particular kind of work done, as operator, sawyer, bookkeeper, etc. <u>County Road Dept.</u>					Name of operation _____ Date of _____	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.					What test confirmed diagnosis? _____ Was there an autopsy? _____	
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____					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. <u>At home in Lexington, Ky.</u>	
12. BIRTHPLACE <u>Fayette Co., Ky.</u>					Manner of injury _____	
13. NAME <u>Thomas Sears</u>					Nature of injury _____	
14. BIRTHPLACE <u>Bourbon Co., KY.</u>					24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
15. MAIDEN NAME <u>Lula Hipshire</u>					(Signed) <u>J. H. New Course</u> Lexington, Ky.	
16. BIRTHPLACE <u>Fayette Co., Ky.</u>					(Address) _____	
17. INFORMANT <u>Thomas Sears</u> (Address) <u>Lexington, Ky.</u>					Register _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Old Union</u> Date <u>February 3 1936</u>						
19. UNDERTAKER <u>Kerr Bros.</u> (Address) <u>Lexington, Ky.</u>						
20. <u>2/5/1936 D.A. Burlong</u>						

File No. 4037
 Registered No. 101

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.