

Sears, James Sidney 1862 - 1941

Lexington Herald - October 17, 1941

James S. Sears

PARIS, Ky., Oct. 16 (Special)—
James Sidney Sears, 79, retired
farmer, died this morning at the
Massie Memorial hospital. He was
the son of the late Mr. and Mrs.
Allen Sears and was a native of
Clark county.

He is survived by one daughter,
Mrs. George Dorsey of Paris; one
sister, Mrs. Anna Williams of Paris,
and one brother, Tom Sears of Fay-
ette county.

Funeral services will be held at
2 p. m. Friday at the Davis funeral
chapel with Rev. J. W. Clotfelter
officiating, assisted by the Rev. W.
F. Cochran. Interment will be in
the Paris cemetery. Pallbearers
will be George Link, John Asbury,
V. Higgins, William Higgins,
Clyde Rice and Lee Stephenson.

Sears, James Sidney 1862 - 1941

State File No. **23490**
Registrar's No. **187**

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. **90** Primary Registration District No. **2040**

1. PLACE OF DEATH:
(a) County Bourbon
(b) City or town Paris
(c) Name of hospital or institution: Massie Memorial Hospital
(d) Length of stay: _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky. (b) County Bourbon
(c) City or town Paris
(d) Street No. Cypress St.
(e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME James Sidney Sears
3(b) If veteran, Name war _____ 3(c) Social Security No. _____
4. Sex M 5. Color or race W 6(a) Single, married, divorced, Married
5(b) Name of husband or wife _____
5(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased Feb. 15 1862
(Month) (Day) (Year)
8. AGE: Years 79 Months 8 Days 1 If less than one day _____ hr. _____ min.
9. Birthplace Clark Co. Ky.
10. Usual occupation Retired.
11. Industry or business _____
12. Name Allen Sears
13. Birthplace Missouri
14. Maiden name Not Known
15. Birthplace _____
16(a) Informant's own signature Daugh. Mrs Geo. Dorsey
(b) Address Paris Ky.
17. BURIAL, CREMATION, etc. Paris Cemetery Date Oct. 18 1941
18(a) Signature of funeral director Davis Funeral Home
(b) Address Paris Ky.
19(a) Oct. 31 - 1941 (Date received by local registrar) (b) Harold R. Orr (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Oct. 16 - 1941
21. I hereby certify that I attended the deceased from 10/16/41 to 10/16/41, that I last saw h. alive on _____ 19____, and that death occurred on the date stated above at 12:10 A.M.
Immediate cause of death Right Labor Pneumonia
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? in or about home, on farm, in industrial place in public place? _____
While at work? _____ (Specify type of place)
Means of injury _____
23. Signature [Signature] (M. D. or other)
Address Paris, Ky. Date signed 10/18/41

N. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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.