

Sears, John 1860 - 1929



John Sears, dau. Carrie Sears Bruin, g dau
Nannie Bruin Friedly, g g dau Caroline Friedly

Lexington Herald – January 19, 1929

DEATHS AND FUNERALS

John Sears

John Sears, 69 years old, died at noon yesterday at St. Joseph's hospital. He is survived by five daughters, Mrs. Minnie Stevenson, Mrs. L. J. Finnell, Mrs. W. S. Finnell and Mrs. J. W. Moore, all of Lexington, Mrs. William Bruin, of Georgetown; one brother, Sidney Sears; one half-brother, Thomas Sears; two half-sisters, Mrs. Jefferson Fuller and Mrs. Jessie Harrison, both of Paris, and several grandchildren. Funeral services will be held at the residence, Stop 12½ on the Paris pike, Sunday afternoon at 2 o'clock with the Rev. J. W. Porter, pastor of the Immanuel Baptist church, and the Rev. Mark Collis, pastor of the Bradway Christian church, officiating. Burial will be in the family lot in the Clintonville cemetery. W. R. Milward is in charge of arrangements.

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Form V. 8, 3-20m-4-11-28

1 PLACE OF DEATH
County Madison

2 FULL NAME John Sears

3 SEX M. 4 COLOR OR RACE Co. 5 Single Widowed
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH July 17th 1860
(Month) (Day) (Year)

7 AGE 69 yrs. 6 mos. 1 ds.
IF LESS than 1 day hrs. or min?

8 OCCUPATION
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER Wm. Sears

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Maranda White

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Minnie Stevenson
(Address) Lexington, Ky.

15 Filed 1/27 1929 Registrar W. B. Milward

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 18th 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929, to Jan 18, 1929, that I last saw him alive on Jan 18, 1929, and that death occurred on the date stated above at 12 m.
The CAUSE OF DEATH* was as follows:
Pneumonia
(Duration) yrs. 14 mos. 14 ds.
Contributory (Secondary) Pneumonia Lobes
(Duration) yrs. 3 mos. 3 ds.
(Signed) Geo. H. Nelson M. D.
Jan 19 1929 (Address) 204 E. 1st St.
*State the Disease Causing Death, or, if death from violent causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place of death yrs. 0 mos. 0 ds. in the State yrs. 0 mos. 0 ds.
Where was disease contracted,
if not at place of death?
Former or usual residence Bourbon Co. Ky.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Clintonville Ky. Jan 20th 1929
UNDERTAKER ADDRESS
W. B. Milward Lex. Ky.

11-5194

WRITE PLAINLY IN 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. Best statement of OCCUPATION is very important. See instructions on back of certificate.

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