

Sears, Lou Shradler 1865 - 1926

Form V. S. 1-22m-4-4-34

3172

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

1 PLACE OF DEATH  
County Bourbon

Vol. No. \_\_\_\_\_ Registration District No. 90

File No. 12  
Registered No. 64  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Inc. Town \_\_\_\_\_ Primary Registration District No. 2040

City Fair (No. Marie Hospital, 3 Ward)

2 FULL NAME Mrs. Lou Shradler Sears

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**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH Mar. 27 1866  
(Month) (Day) (Year)

7 AGE 60 yrs. 10 mos. 6 ds. IF LESS than 1 day ..... hrs. or ..... min?

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

9 BIRTHPLACE (State or country) Ky.

PARENTS

10 NAME OF FATHER Gas. Shradler

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Emily Deason

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Sidney Sears  
(Address) Fair, Ky. R.R. 5

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**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Feb 3 1926  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926, to Feb 3, 1926, that I last saw him alive on Feb 3, 1926, and that death occurred on the date stated above at 8:10 pm.

The CAUSE OF DEATH\* was as follows:  
Carcinoma of Liver (metastases from carcinoma of breast)  
duration 1 year  
(Duration) ..... yrs. .... mos. .... ds.

Contributory (Secondary) \_\_\_\_\_  
(Duration) ..... yrs. .... mos. .... ds.

(Signed) J. A. ..., M. D.  
Feb 3, 1926 (Address) Marie Ky.

\*State the Disease Causing Death, or, in deaths 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. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.  
Where was disease contracted, \_\_\_\_\_  
If not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Fair, Ky. DATE OF BURIAL Feb. 5 1926

20 UNDERTAKER Geo. R. Davis & Co. ADDRESS Fair, Ky.

Filed 2-4 1926 Registrar \_\_\_\_\_

11-22M