1928

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

Do not use this space.

14358

File No.
Registered No.

1. PLACE OF DEATH
County: Phelps
Township:
City: St James (No. ..... St. ..... Ward)
Registration District No. 678
Primary Registration District No. 4404

2. FULL NAME: Lydia Earp

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

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-14-1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	1	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife (Retired)
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Washington Co
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: John Jackson
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Penn.
12. MAIDEN NAME OF MOTHER: Emilie Pane
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Penn.

14. INFORMANT: H T Earp
(Address): St James Mo

15. FILED 4/16, 1928 Henry F. Walters
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-10-1928

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1921, to April 10, 1928, that I last saw h. alive on April 8, 1928, and that death occurred, on the date stated above, at 5:2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

131 (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) William H Brown, M. D
4/11, 1928 (Address) St James Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Masonic cem	4-13 1928
20. UNDERTAKER	**ADDRESS**
W E Lickliter	St James Mo

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. Exact statement of OCCUPATION is very important.