AUG 27 1928

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

Do not use this space.

1. PLACE OF DEATH
County: New Madrid Registration District No.: 605
Township: Como Primary Registration District No.: 5 8 84
City: ..... (No. ....., ... St. ..... Ward)

File No.: 24568
Registered No.: .....

2. FULL NAME: Toney Edward Earlisle

(a) Residence. No. ..... 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. ..... da. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1924-6-10

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4	1	9	

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

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

PARENTS

10. NAME OF FATHER: Newton Earlisle
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Ill
12. MAIDEN NAME OF MOTHER: Minnie Cook
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Ill

14. INFORMANT: Newton Earlisle
(Address): Parma Mo

15. FILED: July 20 1928 C. H. Clarkson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

✓

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 19 1928

17. I HEREBY CERTIFY, That I attended deceased from 7/18, 1928, to 7/19/28, 1928, that I last saw him alive on 7/19/28, 1928, and that death occurred, on the date stated above, at 3 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Pelis Colitis
7
1 Week
(duration) ..... yrs. ..... mos. 12 da.

CONTRIBUTORY (SECONDARY): Measles
(duration) ..... yrs. ..... mos. 16 da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? No, DATE OF: —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) Edward Ford, M. D
July 20 1928 (Address) Parma 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: Parma Cemetery
DATE OF BURIAL: July 20 1928

20. UNDERTAKER: T C Knight
ADDRESS: Parma

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.