

N. B.—Every item of information should be carefully supplied. AGE should be based EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

1814

1. PLACE OF DEATH

County Jackson
Township Bar
City K.C. Mo. (No. 918 Cherry)

Registration District No. 399
Primary Registration District No. 1002

File No. 400
Registered No. 400
SL Ward

2. FULL NAME

Julia Ann Earhart
(a) Residence No. 918 Cherry St. 2nd 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-17-1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
80 8 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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) Ohio

PARENTS

10. NAME OF FATHER Pease

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) No Record

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) No Record

14. INFORMANT Mrs. Emma Brenner
(Address) 918 Cherry St.

15. FILED 1-27-29 M. M. Crouse
REGISTRAR Earhart

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 19 1929, to Jan 27 1929, that I last saw him alive on Jan 27 1929, and that death occurred, on the date stated above, at 12:20 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
82 74
(duration) yrs. mos. da.
CONTRIBUTORY Paralysis
(SECONDARY)
(duration) yrs. mos. da. 6

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

8 DID AN OPERATION PRECEDE DEATH: DATE OF

WAS THERE AN AUTOPSY:

WHAT TEST CONFIRMED DIAGNOSIS: Clinical

(Signed) William Thompson M. D.

Jan 27, 1929 (Address) 107 St. Francis Hotel

*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

Forest Hill Jan 29 1929

20. UNDERTAKER ADDRESS

Mrs. C. L. Foster K.C. Mo.

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