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

Do not use this space.

File No. 31581
Registered No. 9218

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City ..... (No. Melbourne Hotel St. ..... Ward)

2. FULL NAME George H. Earnshaw.

(a) Residence. No. 6016 (Usual place of abode) Forest St., 19 Ward. Kansas City Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 5 1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
49	9	17	

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

9. BIRTHPLACE (CITY OR TOWN) Shawneetown (STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Harry Earnshaw.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England.
12. MAIDEN NAME OF MOTHER Amelia Spiller.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

14. INFORMANT Mary Earnshaw
(Address) Kansas City Mo.

15. FILED Sept 24, 19 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

Found Dead

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 22 1930

17. No Physician in Attendance

I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h. alive on ....., 19...., and that death occurred, on the date stated above, at 7:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108
92C
(duration) ....yrs. ....mos. ....ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [illegible] M.D.
9/24, 1930 (Address) Deputy Coroner

*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 Mt. Carmel Belleville Ill. — DATE OF BURIAL Sept 25 1930

20. UNDERTAKER Chas. Buebe — ADDRESS East St Louis Ill.

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.