DEC 22 1930

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

Do not use this space.

35781

File No.

Registered No. 77

1. PLACE OF DEATH
County: Dunklin
Township: Gideon
City: (No. ..... St. ..... Ward)

Registration District No. 290
Primary Registration District No. 1408

2. FULL NAME: Lucile Earl

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W.

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): June 29 1913

7. AGE: Years 17 | Months 4 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student
(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): Caruth, Mo

PARENTS

10. NAME OF FATHER: J. E. Earl

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Caruth Mo

12. MAIDEN NAME OF MOTHER: Flora B Rhodes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Gallinger Co

14. INFORMANT: J. E. Earl
(Address): Senath, Mo

15. FILED 12-4, 1930 H. M. Pride M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 11, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1930, to Nov. 10, 1930, that I last saw her alive on Nov. 10, 1930, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid fever
(duration) ..... yrs. ..... mos. 40 ds.

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

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?
(Signed) Robert E. Martin, M. D.
, 19 (Address) Senath 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: Liberty | DATE OF BURIAL: Nov 12 1930

20. UNDERTAKER: McDaniel Furn. Co | ADDRESS: Senath 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.