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

Do not use this space.

18909

1. PLACE OF DEATH Phelps County ..... Township Dillon ..... City ..... (No. ..... St. ..... Ward)

Registration District No. 674

Primary Registration District No. 5902

File No. .....

Registered No. .....

2. FULL NAME William J Earls

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

JUL 28 1931

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 22 - 1892

7. AGE: Years 39 | Months 2 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oilfields

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decamp Mo

FATHER

13. NAME William J. Earls

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decamp Mo

MOTHER

15. MAIDEN NAME Ellen Pratley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decamp Mo

17. INFORMANT (ADDRESS) Geo. G. Hass

18. BURIAL, CREMATION, OR REMOVAL PLACE Adams Cem DATE Mon 15 1931

19. UNDERTAKER (ADDRESS) Null & Lickleiter Rolla Mo

20. FILED June 27 1931 Henry F. Walters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 - 1931

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to May 13, 1931

I last saw him alive on May 12, 1931. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of intestines	April 31

Other contributory causes of importance: Pulmonary Tuberculosis (military) Nov 30

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm Gordon Breeden, M. D.

(Address) St James, Mo

OCT 4 1968

Form V. S. 6.

PLACE OF DEATH

County Phelps

Township N. Fork

or Village

or City

St. No.

STATE OF MISSOURI

State Board of Health

Bureau of Vital Statistics

BURIAL OR REMOVAL PERMIT

Permit No. 49

Reg. Dist. No. 678

Full name William J. Earls Jr. Age 39 Sex M Color W

Disease causing death Carcinoma stomach Date of death 192

Place of burial Adams Cemetery

or Removal to via

Undertaker W. E. Rickleder Address St James Mo

A certificate of death having been filed in my office in accordance with the laws of Missouri, I hereby authorize the Burial (Burial or Removal) of the body of said deceased person, as stated above.

Dated May 14 1931 Registrar's name Henry T. Walters

Burial permits must be delivered by the undertaker to the sexton or other persons in charge of the burial ground or cemetery where burial takes place. When the body is to be shipped to a distant point, requiring the service of a common carrier, in addition to the removal permit, the body must be accompanied with a transit permit.

Sexton's signature John Hale Date of interment 5-14 1931

This permit must be indorsed by the sexton and returned to the Local Registrar in his district within ten days.

HUGH STEPHENS PRESS JEFFERSON CITY X10997

CHARLES L. WOODS, PUBLISHER

ROLLA, MO.,

July 13, 1931

Dear Dr. Russell
State Board of Health
Jefferson City, Mo.

Dear Sir:—

I understand you have a duplicate death certificate, but that you wanted this one also. It was sent me today, so I am sending same to you as requested by the sender.

I hope that we may help you to keep a complete record in this district hereafter and I will do my best.

Respectfully yours

Jos. F. Ayers
Local Registrar.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH
County Phelps — Registration District No. 678
Township North Dillon — Primary Registration District No. 5907
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME William J Earls Jr.
(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. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Earls
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-17-1892
7. AGE: Years 38 — Months 3 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pipe line contractor
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Phelps Co Mo

FATHER
13. NAME: W L Earls
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Phelps Co Mo

MOTHER
15. MAIDEN NAME: Ellen L Peresley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ?

17. INFORMANT (ADDRESS): Ellen L Earls
18. BURIAL, CREMATION, OR REMOVAL
PLACE Adams Cem DATE 5-14, 1931
19. UNDERTAKER (ADDRESS): Null & Lichliter St James Mo
20. FILED 5-14, 1931 Henry Walters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1931, to May 13, 1931
I last saw him alive on May 12, 1931. Death is said to have occurred on the date stated above, at 1 00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1930

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) William H Breuer, M. D.
(Address) St James Mo