Parents

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

Do not use this space.

129

1. PLACE OF DEATH

10 County: Boone — Registration District No.: 72

2 Township: — Primary Registration District No.: 4141

2 City: Centralia (No. ..... St. ..... Ward)

File No.: ..... Registered No.: 2

2. FULL NAME: Charles Henry Early

(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.

FEB 23 1932

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.

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

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: Nellie Early

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 18-1863

7. AGE: YEARS 68 — MONTHS 7 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Banker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
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): Andrain Co., Mo.

FATHER

13. NAME: J. W. Early
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pat, Va 2

MOTHER

15. MAIDEN NAME: Ruth Crock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Mary Ruth Early, Detroit, Mich

18. BURIAL, CREMATION, OR REMOVAL: Centralia Mo Cem DATE Jan 21 1932

19. UNDERTAKER (ADDRESS): M J McDonald, Centralia Mo

20. FILED 1/20th 1932 J. L. Hickerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16 1932, to Jan. 18 1932, I last saw him alive on Jan 18 1932. Death is said to have occurred on the date stated above, at 6-30 P.M.

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

	Date of onset
Angina pectoris	1-10-32
[illegible]	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....

(Signed) [illegible], M. D.
(Address) Centralia Mo