

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

Do not use this space.

5079

1. PLACE OF DEATH
 49 County Jasper Registration District No. 408
 15 Townshp Marion Primary Registration District No. 7020
 7 City Carthage (No. _____) St. _____ Ward _____

2. FULL NAME Clara Luella Earl
 (a) Residence, No. 814 Clinton 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.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) April 5, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>66</u>	<u>10</u>	<u>8</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Hatfield Iowa

FATHER
 13. NAME J. H. Spears
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waukegan Ill

MOTHER
 15. MAIDEN NAME Sarah Marley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waukegan Ill

17. INFORMANT Jess F Earl
 (ADDRESS) Eldorado, Kans

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Feb. 19, 1932

19. UNDERTAKER (ADDRESS) Krupp Mortuary
Carthage, Missouri

20. FILED Feb 17, 1932 E. H. Fitcham Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-11, 1932 to 2-13, 1932
 I last saw h. u. alive on 2-13, 1932. Death is said to have occurred on the date stated above, at 11:30 m.
 The principal cause of death and related causes of importance were as follows:
Chr. cardiac disease Date of onset 1930
myocardial degeneration
93C
95B
118C
 Other contributory causes of importance: Indigestion acute Feb 11

Name of operation None Date of _____
 What test confirmed diagnosis? Gen. Physical Was there an autopsy? _____

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) J. A. LaFare, M. D.
 (Address) Carthage 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.

RECORDED 23 1932

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

