

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

Do not use this space.

173524

1. PLACE OF DEATH

County Deming Registration District No. 65-1
Township Little Prairie Primary Registration District No. 5-862
City St. Louis (No. _____, _____ St. _____ Ward)

File No. _____
Registered No. 80

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>M</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jeda Lee Earls</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-6-1875</u>		
7. AGE	YEARS	MONTHS
	<u>58</u>	<u>1</u>
		DAYS
		<u>19</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>auto salesman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Davis motor co</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenfield Tenn</u>	
	13. NAME <u>Abel Earls</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenfield Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Martha Cook</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenfield Tenn</u>	
17. INFORMANT <u>Mrs Jeda Earls</u> (ADDRESS) <u>St. Louis, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis</u> DATE <u>5-26</u> 19 <u>33</u>		
19. UNDERTAKER <u>German and Co</u> (ADDRESS) <u>St. Louis, Mo</u>		
20. FILED <u>Aug. 29</u> 19 <u>33</u> <u>Jeda Martin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-25 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1933, to May 25 1933
I last saw him alive on May 24 1933. Death is said to have occurred on the date stated above, at 11:20 a.m.
The principal cause of death and related causes of importance were as follows:
Laryngeal Carcinoma Date of onset _____

Other contributory causes of importance: H

6. 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) P. E. Cooper, M. D.
(Address) East 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.

SEP 23 1933

