

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

Do not use this space.

28604

1. PLACE OF DEATH

108 County Warren Registration District No. 872
Township Drywood Primary Registration District No. 4526
City Mill (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 1 mile moj St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lillian Earl</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4 - 1852</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>1</u>
	DAYS <u>7</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>Gen. Business</u>	11. Total time (years) spent in this occupation. <u>all</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
FATHER	13. NAME <u>Dr. R. Earl</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>	
	15. MAIDEN NAME <u>Julia Maess</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
	17. INFORMANT <u>Lillian Earl</u> (ADDRESS) <u>1 mile moj</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Newton</u> DATE <u>Aug 13, 1953</u>		
19. UNDERTAKER (ADDRESS) <u>Freser Funeral Home</u> <u>1000 W. 1st St.</u>		
20. FILED <u>Aug 12, 1953</u> <u>Mrs R. Earl</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1953

22. I HEREBY CERTIFY, That I attended deceased from June, 1950, to Aug 10, 1953
I last saw him alive on Aug 10, 1953. Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Hemiplegia
Date of onset 82A
82D

Other contributory causes of importance:
87A
82D

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) C. L. Kirby, M. D.
(Address) Mill 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.

ANS 2 6 19

07
02
02

The following is a list of the names of the persons who were present at the meeting held on the 15th day of January, 1948, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover
 Mr. E. A. Tamm
 Mr. Clegg
 Mr. Glavin
 Mr. Ladd
 Mr. Nichols
 Mr. Rosen
 Mr. Tracy
 Mr. Carson
 Mr. Egan
 Mr. Gurnea
 Mr. Hendon
 Mr. Pennington
 Mr. Quinn
 Mr. Nease
 Mr. Gandy

The undersigned, J. Edgar Hoover, is the Director of the Federal Bureau of Investigation, United States Department of Justice.

Witness my hand and the seal of the Federal Bureau of Investigation, at Washington, D. C., this 15th day of January, 1948.

J. Edgar Hoover
 Director