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

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

APR 26 1935

Do not use this space.

9292

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: St Joseph Hospital — Primary Registration District No.: 1002

City: Kansas City, Mo. (No. St Joseph Hospital St., Ward)

File No.:

Registered No.:

2. FULL NAME: Lois Jeanette Early

(a) Residence, No. St., Ward. Hardin Mo (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 13, 1934.

7. AGE: Years 1 — Months 0 — Days 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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):

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

FATHER

13. NAME: Clyde F Early

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hardin Mo Ray County

MOTHER

15. MAIDEN NAME: Frances Halterman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hardin Mo Ray County

17. INFORMANT (ADDRESS): Clyde F. Early

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Harden Mo DATE: 3/24, 1935

19. UNDERTAKER (ADDRESS): Knipschild Harden Mo.

20. FILED: 3-25, 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1935, to 3/22, 1935

I last saw h. alive on 3/22, 1935. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Pneumonia (bilateral)

Date of onset

Other contributory causes of importance:

Slight acute nephritis

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy? yes

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) O. L. Bradford, M. D.

(Address) Argyle Bldg Kansas City Mo.