

NOV 26 1935

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

Do not use this space.

33527

1. PLACE OF DEATH

County Madison
Township Madison
City Skidmore (No.)

Registration District No. 630
Primary Registration District No. 4380

File No.
Registered No.
St. Ward)

2. FULL NAME

Laura J. Earley

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-3-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 5 23

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.

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) Mercer Co Mo

13. NAME John W. Sanders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

15. MAIDEN NAME Retta Selover

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT (ADDRESS) John Earley Skidmore Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Skidmore DATE 10-28 1935

19. UNDERTAKER (ADDRESS) Campbell Funeral Home Maryville Mo

20. FILED Oct 28 1935 D. J. C. Manning Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26 1935

22. I HEREBY CERTIFY, that I attended deceased from July 1st 1930 to Oct 26 1935

I last saw her alive on Oct 25 1935 Death is said to have occurred on the date stated above, at 2 A. m.

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

Myocardial Insufficiency Date of onset 4/15/35

Other contributory causes of importance: Diabetes Insipidus about July 1st 1930

Name of operation None 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? No If so, specify

(Signed) R. P. Bernhart M. D.

(Address) Skidmore, Mo.

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

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.

