

FEB 20 1936

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

Do not use this space.

Garrison

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1. PLACE OF DEATH

County *Andrew* Registration District No. *72*
Township *Wilson* Primary Registration District No. *5037*
City (No. _____) St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>F. M. Earson</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 22nd 1857</i>		
7. AGE	YEARS <i>78</i>	MONTHS <i>10</i>
	DAYS <i>20</i>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Wife</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>✓</i>	
	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) <i>Boone Co., Mo.</i>		
FATHER	13. NAME <i>Beyansine Turner</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Va</i>	
MOTHER	15. MAIDEN NAME <i>Martha Schooler</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>	
17. INFORMANT (ADDRESS) <i>C. M. Earson</i>		
18. BURIAL, CREMATION, OR REMOVAL <i>Centralia Mo, Guy</i> DATE <i>Jan 14th 1936</i>		
19. UNDERTAKER (ADDRESS) <i>Centralia McDonald</i>		
20. FILED <i>1/17</i> 1936 <i>J. G. Hickerson</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 12th 1936*

22. I HEREBY CERTIFY, That I attended deceased from *June* 1933 to *Dec. 15*, 1935
I last saw her alive on *Dec. 15*, 1935. Death is said to have occurred on the date stated above, at *1:30* a.m.
The principal cause of death and related causes of importance were as follows:
Uremia poisoning Date of onset *1933*

Other contributory causes of importance:
Myocarditis *131*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) *A. H. Garrison, M.D.*
(Address) *Centralia, 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.

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1. PLACE OF DEATH

County Andrew Registration District No. 72 File No. _____
 Township Wilson Primary Registration District No. 5037 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Hannah Earson

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day
	<u>78</u>	<u>10</u>	<u>20</u>	hrs. _____ min. _____

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED Jan 14 1936 J. T. Garrison Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Uremia poisoning Date of onset _____
Chronic nephritis

Other contributory causes of importance: 131

Name of operation _____ Date of _____

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) J. T. Garrison M. D.
 (Address) Centralia Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTAL

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