

FEB 24 1936

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

Do not use this space.

4124

1. PLACE OF DEATH

County Saline Registration District No. 796
Township Marshall Primary Registration District No. 6039
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 5

2. FULL NAME

Joseph H. Ernie

(a) Residence, City _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 7 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Saline Co Mo.

13. NAME George Ernie

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Miss Edith Eddy Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shiloh Cem. DATE Jan 7 1936

19. UNDERTAKER (ADDRESS) J. H. Campbell Marshall Mo.

20. FILED Jan 6 1936 Hebert Huxton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1936 to Jan 5 1936. I last saw him alive on Jan 5 1936. Death is said to have occurred on the date stated above, at 4:30 m.

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

Lobar Pneumonia

Other contributory causes of importance: ✓ Debility

Name of operation ✓ Clinical Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? 70

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? 70

If so, specify ✓

(Signed) C. L. Lawless, M. D.

(Address) Marion Hall 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.

