

MAR 17 1936

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

Do not use this space.

5097

1. PLACE OF DEATH

County Clay Registration District No. 198  
Township Fishing River Primary Registration District No. 2011  
City Excelsior Springs, Mo. (No. Veterans Administration Facility St. 3d Ward)

2. FULL NAME Earl Percival

(a) Residence, No. Veterans Adm. Facility Excelsior Springs, Mo. RD 12, Stockton, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? See below yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF -- Arminda Percival

22. I HEREBY CERTIFY, That I attended deceased from 12-5, 1935, to 2-4-, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1877

I last saw him alive on 2-4, 1936 Death is said to have occurred on the date stated above, at 2 A. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
58 4 20

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

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. Farm  
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

Date of onset

Lobar pneumonia, bilateral ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Kans.

Other contributory causes of importance:  
None

13. NAME Dewitt Percival

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

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

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)

15. MAIDEN NAME Anna Richardson

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

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

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

17. INFORMANT Hospital Records  
(ADDRESS) Excelsior Springs, Mo.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Nevada Mo. DATE 2-5-36, 19\_\_\_\_

(Signed) I. C. Wardegreer, M.D. Clinical Director  
(Address) Veterans Administration Facility Excelsior Springs, Mo.

19. UNDERTAKER John C. Prather Undertaker  
(ADDRESS) Excelsior Springs, Mo.

20. FILED 2-7-, 1936 Tom R. ... Registrar.

NOTE—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.

