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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.

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

Do not use this space.

8981

1. PLACE OF DEATH
County MAR 26 1936 Registration District No. 875 File No.
Township Washington Primary Registration District No. 6162 Registered No. 46
City (No. , St. Ward)

2. FULL NAME Geo. Earnshaw
(a) Residence, No. State Hospital #3 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. 12 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-25, 1860

7. AGE YEARS 75 MONTHS 6 DAYS 26 If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Geo. Earnshaw
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leeds, Eng.

MOTHER
15. MAIDEN NAME Mary Jane Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithfield, Conn.

17. INFORMANT (ADDRESS) Mrs. W. J. Boards Joplin

18. BURIAL, CREMATION, OR REMOVAL
PLACE Joplin Mo DATE Feb. 21, 1936

19. UNDERTAKER (ADDRESS) Franks Seaver Nevada, Mo.

20. FILED Feb. 21, 1936 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1936 to Feb. 21, 1936
I last saw him alive on 1-11, 1936. Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2
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Other contributory causes of importance:	
Myocardial insuf.	2
Lobar pneumonia	4 days

Name of operation none Date of —
What test confirmed diagnosis? Clinical 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) T. T. O'Dell, M. D.
(Address) Nevada, Mo.