

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

Do not use this space.

1. PLACE OF DEATH **00T 20 1936**
 County **Buchanan** Registration District No. **85**
 Township _____ Primary Registration District No. **1001**
 City **St. Joseph** (No. **309 Cherokee St.**) St. _____ Ward _____

33744
 File No. _____
 Registered No. **1213**

2. FULL NAME **Earl Wayne House**
 (a) Residence, No. **2714 Monterey St.** St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **4** 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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Eva House**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 19, 1890**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 6 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Field man for the**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Bartlett Mortgage Co.**
 10. Date deceased last worked at this occupation (month and year) **Sept. 23, 1936** 11. Total time (years) spent in this occupation **4**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Laclede, Missouri**

FATHER 13. NAME **Ulysses A. House**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Deer Ridge, Mo.**

MOTHER 15. MAIDEN NAME **Maryon Boomer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Boomer, Mo.**

17. INFORMANT **Mrs. Eva House**
 (ADDRESS) **2714 Monterey St.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Laclede, Missouri** DATE **Sept. 26, 1936**

19. UNDERTAKER **Walter Meicholke**
 (ADDRESS) **1302 Faraon St., St. Joseph, Mo.**

20. FILED **9-25** 19**36** **N. J. Neagle**
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 23, 1936** 19**36**

22. I HEREBY CERTIFY, That I ^{attended} deceased from **Sept 23**, 19**36**, to _____, 19**36**.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at **1.30** P.M.

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

Chronic Myocarditis Date of onset _____

Other contributory causes of importance: **no facts**

Name of operation _____ Date of _____
 What test confirmed diagnosis? **clin. hist.** 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 **James Thomas Coroner**
 (Signed) _____, M. D.
 (Address) **731 Faraon St. Joseph, 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.

