DEC 27 1937

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

Do not use this space.

42174

1. PLACE OF DEATH
County Pike
Township Buffalo
City Louisiana Mo
Registration District No. 689
Primary Registration District No. 3033
Pike County Hospital St. Ward)
File No.
Registered No.

2. FULL NAME John B Early
(a) Residence, No. Ashburn, Mo 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~~ Minerva Early

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-13-1862

7. AGE 75 YEARS MONTHS 2 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Pike Co, Mo

FATHER
13. NAME Wm Early
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co, Mo

MOTHER
15. MAIDEN NAME Elizabeth Caldwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Ky

17. INFORMANT (ADDRESS) Hospital Record Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashburn Mo DATE 11-6 1937

19. UNDERTAKER (ADDRESS) F C Haley Jr Louisiana Mo

20. FILED 11/4 1937 F C Haley Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-2, 1937, to 11-3 1937
I last saw him alive on 11-3 1937. Death is said to have occurred on the date stated above, at 11 55 a m.
The principal cause of death and related causes of importance were as follows:
General peritonitis
Date of onset

Other contributory causes of importance:
Injured in Abdomen
Trod prior by Mule.

Name of operation none Date of
What test confirmed diagnosis? C.L. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident 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.
-- home
Manner of injury Kicked by Mule
Nature of injury Internal.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify --
(Signed) [signature], M. D.
(Address) Louisiana, 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.