

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19619

Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
 (b) Township Marshall Primary Registration District No. 3038 Registered No. 80
 (c) City Marshall (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Brack Edward Earp

(a) Residence, No. 553 W. North St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Ollie Pate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 8 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as 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) Blackburn, (STATE OR COUNTRY) Missouri

FATHER 13. NAME William W. Earp

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

MOTHER 15. MAIDEN NAME Jani Winfrey

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

17. INFORMANT Mrs. B.E. Earp (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Pass, Mo. DATE May 27, 1938

19. FUNERAL DIRECTOR J.L. Sweeney (ADDRESS) Marshall, Mo.

20. FILED 5-26-1938 Mary Kent (Address) Marshall Mo.
D. J. [unclear] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1938, to May 24, 1938

I last saw him alive on May 24, 1938. Death is said to have occurred on the date stated above, at 12 A.M.

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

Myocardial Failure

93%

Date of onset

Other contributory causes of importance:

General Sclerosis
many years

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) C. J. Warren D.O. M.D.

(Address) Marshall Mo.

(Licensed Embalmer's Statement on Reverse Side)

Every factor 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.

STATEMENT BY LICENSED EMBALMER

I, J. Leslie Sussman, Licensed Embalmer No. 3235
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. Leslie Sussman

✓ L. E. ✓
No. ✓ or by ✓, Registered Apprentice No. ✓
working under my personal supervision.

Signed J. Leslie Sussman
Licensed Embalmer No. 3235

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)