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.

JUN 24 1939

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

Do not use this space.

1. PLACE OF DEATH
County St. Clair Co — Registration District No. 763 — File No. 19628
Township Butler — Primary Registration District No. 4458 — Registered No. 11
City Lowry City Mo (No. ..... St. ..... Ward)

2. FULL NAME John Partlow Earhart
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 6 mos. 6 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: Sarah Jane Earhart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 15, 1860
7. AGE: YEARS 78 — MONTHS 5 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): Macon City, Macon Co. Missouri

FATHER
13. NAME: Phillip Earhart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know, Not Given

MOTHER
15. MAIDEN NAME: Elizabeth Peak
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gent, Kentucky.

17. INFORMANT (ADDRESS): Boyd Earhart, Lowry City Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Concord Cemetery DATE 5/19/1939
19. UNDERTAKER (ADDRESS): H. C. Austin, Lowry City Mo
20. FILED May 18 1939 Sophia L. Stratton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/18/39, 19
22. I HEREBY CERTIFY, That I attended deceased from 5/1 39 to 5/18/39, 19
I last saw him alive on 5/18/39, 19 Death is said to have occurred on the date stated above, at 2:45 a.m.
The principal cause of death and related causes of importance were as follows:
Cancer of Prostate — Date of onset
Other contributory causes of importance: Uremia
Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

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) L. O. Sheldon Wright, M. D.
(Address) Lowry City Mo.

RECEIVED
District Health Officer No. 7,
District File Number 1-39-944
Date Filed 6-9-39