MARGIN RESERVED FOR BINDING

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.

1. PLACE OF DEATH Veterans' Administration Hospital. 399
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City, Mo. (No. U. S. Veterans Hosp. St. Ward)

File No. 1281
Registered No. 319

2. FULL NAME EARLE, Joseph John — C-None WOE
(a) Residence, No. 1324 Holmes St. St., 2 Ward. Pvt. Co F 3rd Iowa Inf.
(Usual place of abode) Kansas City, Mo. (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 Catherine Earle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 1839

7. AGE — YEARS 92 — MONTHS 10 — DAYS 14 — 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) Illinois 2

FATHER
13. NAME Richard Earle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 8

MOTHER
15. MAIDEN NAME Ellen Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

17. INFORMANT (ADDRESS) Warren J Earle (son) Apt. A 1324 Holmes St. Kansas City, Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Oelwein, Iowa DATE Jan. 27 1932

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel 104 W. 42nd St. K. C. Mo

20. FILED Jan. 27 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from January 23, 1932 to January 24, 1932
I last saw him alive on January 24, 1932 Death is said to have occurred on the date stated above, at 9:25 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1-23-32
Cystic Kidney bilateral	Unknown
46 D	
132 B	46 D
133 B	

Other contributory causes of importance:

Intestinal obstruction.	1-15-32
Cancer of rectum	
Hydrops of Gall Bladder	

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 (1)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. E. CHAMBERS, Med. Officer in Charge. Veterans' Adm. Hospital. Kansas City, Missouri. M. D.