JAN 3 1935

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

Do not use this space.

38595

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 84 — File No.:
Township: Rush — Primary Registration District No.: 5125 — Registered No.:
City: Rushville (No. ..... St. ..... Ward)

2. FULL NAME: Earl E. Church

(a) Residence, No.: Rushville St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Ruthe Wiley Church

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 13 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	23	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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): Rushville Mo

FATHER

13. NAME: Stevens Church
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Geary Co Kans

MOTHER

15. MAIDEN NAME: Willella K. Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rushville Mo

17. INFORMANT: Stevens Church
(ADDRESS): Rushville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sugar Creek DATE: Dec 28 1935

19. UNDERTAKER: William Stanton
(ADDRESS): Atchison Kans

20. FILED: 12-28 1935 L. M. Gengley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 24 1935

22. I HEREBY CERTIFY, That I ~~attended~~ visited deceased from Dec. 24 1935, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Fractured Skull (Accident)	

Other contributory causes of importance: Auto struck by train

Name of operation: none Date of .....
What test confirmed diagnosis? Phys Ex 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 12/24, 1935
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury: struck by train
Nature of injury: fractured skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) Forest Thomas Coroner, M. D.
(Address) 731 Faraon

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.