FEB 19 1936

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

Do not use this space.

689

1. PLACE OF DEATH
County Cooper
Township
City Boonville (No. , St. Ward)

Registration District No. 218
Primary Registration District No. 3015

File No.
Registered No. 3

2. FULL NAME Arthur Tearle.

(a) Residence, No. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Louise Tearle.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28th 1881.

7. AGE YEARS 54 MONTHS 2 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods Store
10. Date deceased last worked at this occupation (month and year) Dec 1935
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanbridge Bedfordshire England

FATHER
13. NAME John Tearle.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

MOTHER
15. MAIDEN NAME Maria ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

17. INFORMANT (ADDRESS) Mrs A. Tearle Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Grove Cem DATE Jan 5th 1936

19. UNDERTAKER (ADDRESS) Goodman & Roller Boonville Mo

20. FILED Jan 5, 1936 D E Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1934, to Jan. 4, 1936
I last saw him alive on Jan. 4. 12:30 a.m. 1936. Death is said to have occurred on the date stated above, at 12:45 a.m.
The principal cause of death and related causes of importance were as follows:

Hardening of coronary arteries

Date of onset

Other contributory causes of importance:
Liver and stomach trouble, causing indigestion

Name of operation Date of
What test confirmed diagnosis? Pathoclast 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) K. L. Frasier D.C. Ph.C., M.D.
(Address) 409 ½ main Boonville, Mo

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1. PLACE OF DEATH
County Cooper
Registration District No. 218
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Primary Registration District No. 3015
City Boonville (No. , St. Ward)

File No.
Registered No.

2. FULL NAME Arthur Tearle

(a) Residence, No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
m	w	m

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	54	2	7	

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Mar 6 1936 D.E. Kooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19, 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

Other contributory causes of importance:
Liver and stomach trouble causing indigestion
Liver enlarged + congested. Stomach acid.

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?
If so, specify
(Signed) K. L. Frazier D.C., M.D.
(Address) 409½ main Boonville Mo

SUPPLEMENTARY

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