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.

REC'D SEP 13 1938

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

Do not use this space.

27893

File No. 3204

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. St. Joseph's Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Jackson Edelin Earnshaw

(a) Residence, No. 30 West 59th 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 Eva C. Earnshaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1881

7. AGE: Years 57; Months 2; Days 4; If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sanitary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

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

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

17. INFORMANT Donald Earnshaw (Son)
(ADDRESS) 30 West 59th St., Kansas City, Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Mt. Washington
PLACE ~~Sinclair, Mo.~~ DATE August 12, 1938

19. UNDERTAKER Stine & McClure Undertaking Co
(ADDRESS) Kansas City, Missouri.

20. FILED Aug 12, 1938 M. M. Grove
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1938, to August 11, 1938
I last saw ~~him~~ alive on August 11, 1938. Death is said to have occurred on the date stated above, at 11:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary artery thrombosis (recurrent)	Aug. 1938
94 hrs	

Other contributory causes of importance:

Pulmonary embolism (infarction)	Aug. 1938

Name of operation none Date of
What test confirmed diagnosis? Electrocardiogram Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Graham Asher, M. D.
(Address) 1220 Prof. Bldg.