Leah Rigg

REC'D MAY 19 1939

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

Do not use this space.

1. PLACE OF DEATH

70 County Montgomery — Registration District No. 591 — File No. 15588

Township Praire — Primary Registration District No. 5789 — Registered No.

City ~~Bellflower~~ (No. , St. Ward)

2. FULL NAME 652 John William Earnest.

(a) Residence, No. Bellflower Mo R.F.D St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 62 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): Widower.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jessie B Earnest Dec.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-15-1855.

7. AGE: 83 YEARS, 8 MONTHS, 13 DAYS. If LESS than 1 day, hrs. or min.

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.: General Duties.
10. Date deceased last worked at this occupation (month and year): 1935.
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montgomery Co Mo. 0

FATHER

13. NAME: Thomas Earnest 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co. Mo. 0

MOTHER

15. MAIDEN NAME: Catherine Dull.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

17. INFORMANT (ADDRESS): Tom Earnest Bellflower Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Brush Creek Cem DATE: 4 - 30 1939

19. UNDERTAKER (ADDRESS): O.A.Jones. Bellflower, Mo.

20. FILED: Apr 30 1939 Leah Rigg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1934 to April 28, 1939

I last saw him alive on April 27, 1939 Death is said to have occurred on the date stated above, at 4:15 A.m.

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

	Date of onset
Cardiac Failure (Sudden Death) 59	4/28/39
Diabetes mellitus	1930
Chronic Arteriosclerosis	1930

Other contributory causes of importance:

Acute Distention abdomen	4/27/39

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) A. H. Van Arsdale

521 (Address) Bellflower, Mo.

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.