

SEP 1 1939

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

30409
Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 852
(b) Township York Primary Registration District No. 6120 Registered No. _____
(c) City Malvern (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

2110 Charley H. Earley
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

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 Florence Earley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 5 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Retired letter carrier
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) Confidence Mo

FATHER 13. NAME Daniel Earley

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 (NAME) (ADDRESS) Robert D. Earley
Bradgate, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Roma City, Mo DATE 9-24-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Johnson
Centerville, Mo

20. FILED 8-23 1939 Clio Hagan Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1939

22. I HEREBY CERTIFY, That I attended deceased from 7:26 _____, 1939, to _____, 19____
I last saw h/m alive on Aug. 19 _____, 1939. Death is said to have occurred on the date stated above, at 7:00 P.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Chronic Endocarditis
Other contributory causes of importance: g.i. h

Date of onset inst. h

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) Edwin Simpson, M.D.
7/29 (Address) Malvern, 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.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 8/31/29

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Self

or by

Registered Apprentice No., working under my personal supervision.

Signed

Russell C. Rogers

Licensed Embalmer No. 3792

P. O. Address Melan, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.