

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

Do not use this space.
W. Miller
7134
File No. _____
Registered No. 36 _____
St. _____ Ward _____

APR 22 1927
PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH

County Andrew Registration District No. 24
Township Altman Primary Registration District No. 3002
City Mexico, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Eda May Dvon

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. W. Dvon</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 4 - 1878</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>8</u>
	DAY <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work... <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Montgomery Co, Mo.

10. NAME OF FATHER <u>Carter</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Montgomery Co Mo</u>
12. MAIDEN NAME OF MOTHER <u>Emilia Dvon</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

14. INFORMANT Allie Abington
(Address) Mexico Mo.

15. FILED March 28th 1927 Ira S. Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1927
17. I HEREBY CERTIFY That I attended deceased from March 27 1927 to March 27 1927, that I last saw her alive on March 27 1927, and that death occurred, on the date stated above, at _____ M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral hemorrhage.

82 P
74001
CONTRIBUTORY (SECONDARY) _____
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. Miller, M. D.
3/29 1927 (Address) Mexico, Mo.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Montgomery Co Mo DATE OF BURIAL March 29 1927

20. UNDERTAKER W. Miller ADDRESS Mexico Mo.

