JUN 27 1927

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

Do not use this space.

14793

File No. .....

Registered No. 305

1. PLACE OF DEATH

County: Greene — Registration District No.: 318

Township: Springfield — Primary Registration District No.: 2000

City: ..... (No. 2126 East Ave. St. ..... Ward)

2. FULL NAME: Eva May Essex

(a) Residence. No. 2126 East Ave. 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 18 1925

7. AGE: Years 2 | Months 2 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child at Home
(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): Mo.

PARENTS

10. NAME OF FATHER: James Essex

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

12. MAIDEN NAME OF MOTHER: Della Harris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: James Essex
(Address) Springfield. Mo.

15. FILED 5/14 1927 O. C. Horst M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 14 1927

17. I HEREBY CERTIFY, That I attended deceased from April 20, 1927, to May 14, 1927 that I last saw h. alive on May 14, 1927, and that death occurred, on the date stated above, at 5 00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet Fever. Gp B

101

..... (duration) ..... yrs. ..... mos. 25 ds.

CONTRIBUTORY (SECONDARY) Otitis. Adenitis. & Sepsis

..... (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Joseph D. James, M. D

5/14, 1927 (Address) Springfield 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: Eliza Cemetery (Ozark Co) — DATE OF BURIAL: May 15 1927

20. UNDERTAKER: J. W. Kingner & Co — ADDRESS: 246 E. Coml Springfield 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.