

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

Do not use this space.

29628

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No.) St. Ward

File No.
 Registered No. 1086
 St. Ward

2. FULL NAME Helara Alice Eutsley

(a) Residence. No. 1218 No 17th St., Ward.
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Chas A Eutsley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 4-1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 10 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) No
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Berry Ford

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

12. MAIDEN NAME OF MOTHER Elizabeth Blakely

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

14. INFORMANT Mrs E J McCann (Address) 1218 No 17th

15. FILED Oct 2 1927 John Y. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 26 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1927, to Oct 26, 1927, that I last saw him alive on Oct 25, 1927, and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Arterio-Sclerosis
107A
97
1000W
 CONTRIBUTORY (SECONDARY) Broncho Pneumonia (duration) yrs. mos. ds. 30

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Gordon D Wright, M. D.
107, 1927 (Address) 845 So. W. St. Joe. 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.

20. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Memo. Park Cem 10/28 1927

20. UNDERTAKER ADDRESS

J L Stingley 216 40 10th

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.

1927

