

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

Do not use this space.

8542

1. PLACE OF DEATH
 County Frank Registration District No. 318
 Township Springfield Primary Registration District No. 2001 File No. 186
 City Springfield (No. Springfield Sabath Hospital Ward)
 2. FULL NAME Murta Eiffart
 (a) Residence No. 26 St. St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Eiffart
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16 1898
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
30 1 26
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) MO. (STATE OR COUNTRY)
 10. NAME OF FATHER Henry Humphrey
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) MO. (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Murta Monroe
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO. (STATE OR COUNTRY)

14. INFORMANT Wm Eiffart
 (Address) 26 St. St.
 15. 3-12-28 REGISTRAR Octorius Mc

MEDICAL CERTIFICATE OF DEATH

4
 16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-12-28
 17. I HEREBY CERTIFY That I attended deceased from 3-8-28 to 3-12-28, and that I last saw him alive on 3-12-28, and that death occurred, on the date stated above, at 430 19 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
General Peritonitis
48 / 10
404 / 10
129 (duration) yrs. mos. da. 2 da.
 CONTRIBUTORY Causes of return
underlying sigmoid (duration) yrs. mos. da. ? mos. ? da.

18. WHERE WAS DISEASE CONTRACTED Stevia
 IF NOT AT PLACE OF DEATH.
 1 DID AN OPERATION PRECEDE DEATH. NO DATE OF 3/8-28
 WAS THERE AN AUTOPSY. no
 WHAT TEST CONFIRMED DIAGNOSIS.
 (Signed) Dr. H. B. Smith, M. D.
18 19 28 Address Springfield, MO.
 *State the DISEASE CAUSING DEATH or its death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stevia MO. DATE OF BURIAL 3-14-28
 20. UNDERTAKER W. H. Lane ADDRESS Stevia MO.

THIS IS A PERMANENT RECORD

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.

1928

