

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

Do not use this space.

11657

12

12

**1. PLACE OF DEATH**

County New Madrid  
Township Portage  
City (No. ....) .....

Registration District No. 607  
Primary Registration District No. 3806

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Florance Eggzell

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)

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)**

Widowed

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

Widowed  
Paul Eggzell

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Feb. 25<sup>th</sup> 1869

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
59	2	13	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

**9. BIRTHPLACE (CITY OR TOWN)**

Monticello Tenn

**10. NAME OF FATHER**

Quarden

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Tenn

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Unknown

**14. INFORMANT**

J. G. Fielder  
(Address) Portageville Mo

**15. FILED**

4/10 1929 Ch Cook  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 10<sup>th</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1929, to Mar. 9, 1929 that I last saw him alive on Mar. 9, 1929, and that death occurred, on the date stated above, at 10:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Influenza and Pneumonia

**CONTRIBUTORY (SECONDARY)**

**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) H. W. Reader, M. D.

, 19 (Address) Portageville, 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**      **DATE OF BURIAL**

Portageville, Mo      3/11 1929

**20. UNDERTAKER**

W. H. Payne      Portageville

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.

72  
26  
230  
2  
2  
31

