PR 30 1929

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

Do not use this space.

11739

1. PLACE OF DEATH
County Ozark — Registration District No. 645 — File No.
Township Bridges — Primary Registration District No. 5854 — Registered No. 6
City (No. St. Ward)

2. FULL NAME Mrs. Paul H. Eslick
(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. 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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	44	11	17	

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) Clintonville
(STATE OR COUNTRY) Wisconsin

PARENTS
10. NAME OF FATHER Lester R. Carpenter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Wisconsin
12. MAIDEN NAME OF MOTHER Ruth Goke
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Wisconsin

14. INFORMANT P. H. Eslick,
(Address) Gainesville, Mo.

15. FILED Mar. 30, 1929 Helen M. Ebrite
Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19, 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 16, 1929, to Mar. 16, 1929 that I last saw her alive on Mar. 16, 1929, and that death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral insufficiency
PDA
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90
(duration) yrs. mos. ds.

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) C A Beach, M. D.
4-10, 1929 (Address) Elijah, 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: Lilly Ridge cemetery — DATE OF BURIAL: Mar. 19 1929

20. UNDERTAKER: Ed Chatham — ADDRESS: Gainesville

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.