

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

Do not use this space.

34774

1. PLACE OF DEATH

County Randolph

Registration District No. 735

Township Moberly

Primary Registration District No. 3034

City Moberly (No. 301)

Jefferson

File No.

Registered No. 199

St. Ward)

2. FULL NAME

Eleora B. De Garmo

(a) Residence. No. 301 Jefferson 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry B. De Garmo

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 9th 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
76 1

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).....
(c) Name of employer

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

10. NAME OF FATHER J. C. Eastwood

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

12. MAIDEN NAME OF MOTHER Lovenia Watson

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

14. INFORMANT E. J. De Garmo (Address) Moberly Mo

15. FILED 10/14/29 Dr. Thos. J. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 9th 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1st 1928, to Oct 9th 1929, and that I last saw her alive on Oct 7th 1929, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio. Sclerosis.
at
11:00 (duration) 7 yrs. 6 mos. 76 ds.

CONTRIBUTORY (SECONDARY) Stroke (duration) 76 yrs. 6 mos. 76 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

8 DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) R. H. Nelson, M. D.

Oct 10, 1929 (Address)

*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

Moberly Mo DATE OF BURIAL 10-10th 1929

20. UNDERTAKER

Mathew Paulson ADDRESS Moberly Mo

WRITE PLAINLY, WITH UNFADING INK---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.

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5-19-29
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