

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

Do not use this space.

41407-1

1. PLACE OF DEATH

County Mercer
Township Marton
City Mercer, Mo. (No. _____)

Registration District No. 053
Primary Registration District No. 4325

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Rachel Caroline Egilston
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 OR (OR) WIFE OF H. M. Egilston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25, 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>65</u>	<u>11</u>	<u>21</u>	

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)

(STATE OR COUNTRY) Lowry

10. NAME OF FATHER

Levi Lase

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER

Juffett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

14.

INFORMANT Rachel Egilston
(Address) Mercer, Mo.

15.

FILED 1-6-30 Mary O. Fisher
REGISTRAR

6 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 1929

17. I HEREBY CERTIFY That I attended deceased from Oct 30, 1929 to Dec 31, 1929
that I last saw her alive on Dec 29, 1929, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Valvular heart disease - chronic mitral + aortic insufficiency with massive edema.
2. Gastro-intestinal
3. Chronic interstitial nephritis
DEVELOPED CURBIA +
CONTRIBUTORY (SECONDARY) cut brain.
(duration) yrs. mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys + lab findings

(Signed) A. S. Distow, M. D.

'11, 1920 (Address) Princeton, 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

Early Cemetery Jan 3 1930

20. UNDERTAKER ADDRESS

Noel - Mrs - Princeton - Mo

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.

WHEN ORDERING THIS IS A PERMANENT RECORD

65
11

