OCT 28 1930

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

Do not use this space.

1. PLACE OF DEATH Cape Girardeau
County Hubbel
Township n n
City —
Registration District No. 126
Primary Registration District No. 5174B
File No. 29335
Registered No.
(No. St. Ward)

2. FULL NAME Caroline Eakins
(a) Residence. No. Wellimanie 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: Scott Eakins

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 3 1851

7. AGE: 79 YEARS, 7 MONTHS, 26 DAYS. If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(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): Cape Co Mo

PARENTS
10. NAME OF FATHER: Henry Achterman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Mary Jane Volkerding
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Robert Eakins
(Address) Allenville Mo

15. FILED Sept 30, 1930 H W Baugert REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1930, to Sept 28, 1930 that I last saw her alive on Sept 28, 1930 and that death occurred, on the date stated above, at 2 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Infected gall bladder
127B
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. M. Murphy, M. D.
, 19 (Address) Cape Girardeau, 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: Eakins Cem
DATE OF BURIAL: 9-30 1930

20. UNDERTAKER: Hamans Funeral Home
ADDRESS: Cape Girardeau 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.