

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

Do not use this space.

32072

1. PLACE OF DEATH

County Bollinger
Township Parsons
City Lutesville (No.)

Registration District No. 66
Primary Registration District No. 4038

File No.
Registered No. St. Ward)

2. FULL NAME Mary Eaker

(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

6a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marten Eaker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 11 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(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) Bollinger Mo

10. NAME OF FATHER Peter Eaker

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

12. MAIDEN NAME OF MOTHER Mary James

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

14. INFORMANT Marten Eaker
(Address) Lutesville

15. FILED 11/1/30 J. J. Chandler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 1 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1930 to Oct 1 1930, that I last saw him alive on Oct 1 1930 and that death occurred, on the date stated above, at 1 - p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Stenoplegia

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. Allan Amburg, M. D.

, 19 30 (Address) Lutesville 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
Eaker Cemetery Oct 2 1930

20. UNDERTAKER ADDRESS
A. J. Baker Lutesville

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.

NOV 21 1930

