

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

Do not use this space.

18000

File No. _____
 Registered No. **2141**
 St. _____ (Ward)

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Law Primary Registration District No. _____
 Precinct Law City No. 200
 2. FULL NAME Margaret Eram
 (a) Residence No. 1816 Howard St. 4 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE Colored
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26, 1887
 7. AGE YEARS MONTHS DAYS H LESS than 1 day, _____ hrs. or _____ min.
43 11 19
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Maid 2.44
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer Montgomery-Hard
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 10. NAME OF FATHER Benjamin H. Eram
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Martha Williams
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-7-1931
 17. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) 72 W (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? yes
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) Dr. James P. Crowe, M. D.
 _____, 19____ (Address) 1739 Lyden
 *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.

14. INFORMANT Lucie Diggs sister
 (Address) 1816 Howard
 15. FILED 5/11 31 19____ M. M. Crowe REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Cem Indep DATE OF BURIAL 5/9 1931
 20. UNDERTAKER Hatkins Bros ADDRESS 1739 Lyden

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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