

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

Do not use this space.

1. PLACE OF DEATH
 County Washington Registration District No. 8845 File No. 24052-A
 Township Bellevue Primary Registration District No. 4532 Registered No. _____
 City Caladonia (No. 6177) St. _____ Ward)

2. FULL NAME Harold Merlin Eggers
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 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) 5-16-1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
			<u>29</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-15-3PM 1931

17. I HEREBY CERTIFY, That I attended deceased from 6-10, 1931, to 6-15, 1931 that I last saw him alive on 6-15, 1931, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia

CONTRIBUTORY (SECONDARY) Peritonitis (duration) _____ yrs. _____ mos. 5 da.

(duration) _____ yrs. _____ mos. 10 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. P. Yeoman, M. D.
6-15-31 (Address) Stonedale, 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.

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

10. NAME OF FATHER W. H. Eggers

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

12. MAIDEN NAME OF MOTHER Minnie Akers

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

14. INFORMANT Walt Eggers
 (Address) Bellevue, Mo

15. FILED 6-18 1931. J. P. Yeoman REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Caladonia DATE OF BURIAL 6-16 1931

20. UNDERTAKER White & Hill ADDRESS Bellevue, Mo

Every item of information should be carefully supplied. It 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.

24052-A SEP 28 1931

State of
Indiana

S-24052-A