

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

Do not use this space.

27285

1. PLACE OF DEATH

County Stoddard
Township Onek Creek
City _____ (No. _____) _____ (Ward)

Registration District No. 840
Primary Registration District No. 6102

File No. _____
Registered No. 28
St. _____ Ward)

2. FULL NAME

Deloris Ealey

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)
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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 5 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	7	3	6	

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

9. BIRTHPLACE (CITY OR TOWN) Peoria
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER O. E. Ealey

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

12. MAIDEN NAME OF MOTHER May Harrison

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

14. INFORMANT O. E. Ealey
(Address) Stoddard Co.

15. FILE July 24 1931 E. L. Hope REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11th 1931

17. I HEREBY CERTIFY, That I attended deceased from Peoria, 1931, to July 11th, 1931, and that I last saw her alive on July 11th, 1931, and that death occurred, on the date stated above, at 7:11 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malarial Fever

38 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED 38
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

WAS THERE AN AUTOPSY _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) V. H. Weather M. D.

7-12, 1931 (Address) Peoria

*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 Washby Cemetery DATE OF BURIAL 7/12 1931

20. UNDERTAKER C. B. Biggs M. & Co. ADDRESS Peoria 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.

SEP 26 1931

