

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

Do not use this space.

30361

1. PLACE OF DEATH

County Vernon
Township Center
City Nevada mo. (No. _____)

Registration District No. 875
Primary Registration District No. 3039

File No. _____
Registered No. 197
St. _____ Ward _____

2. FULL NAME Myrtle Eason

(a) Residence, No. _____ St. _____ Ward. El Dorado Springs mo.
(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 <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ernest Eason</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 7 1897</u>				
7. AGE	YEARS <u>34</u>	MONTHS <u>6</u>	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>				
FATHER	13. NAME <u>Johnnie Fish</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>			
MOTHER	15. MAIDEN NAME <u>Catherine Coon</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
17. INFORMANT (ADDRESS) <u>Ernest Eason, El Dorado Springs</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Virgil</u> DATE <u>Aug 13 1931</u>				
19. UNDERTAKER (ADDRESS) <u>Wm. Sanders, El Dorado Springs</u>				
20. FILED <u>8-13-</u> 19 <u>31</u> <u>E. R. King</u> Registrar.				

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1931, to Aug 11, 1931
I last saw her alive on Aug 11, 1931. Death is said to have occurred on the date stated above, at 12:30 AM.
The principal cause of death and related causes of importance were as follows:
Penetrating injury of skull caused by automobile collision near El Dorado Springs, Cedar County, Mo.
Other contributory causes of importance _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also as following:
Accident, suicide, or homicide suicide Date of injury 8-10-31
Where did injury occur Near El Dorado Springs, Cedar County, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Automobile collision
Nature of injury Skull injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) E. R. King, M. D.
(Address) Nevada, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 28 1931

