

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

Do not use this space.

**1. PLACE OF DEATH**

County Jasper  
Township Carthage  
City Carthage (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 24081  
Primary Registration District No. 31020

File No. 41268

Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 219 N. Marsh St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

|   |   |   |
|---|---|---|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Mattie</u> |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 2 - 1856</u>                  |   |   |
| 7. AGE  | YEARS<br><u>75</u>  | MONTHS<br><u>0</u>  |
|   | DAYS<br><u>11</u>   | IF LESS than 1 day, _____ hrs. or _____ min.                                |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Supt. Flower Mill</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 <u>25</u>   |   |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis Ind.

13. NAME Wm Eastridge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Mildred Parks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT Miss Georgie Eastridge (ADDRESS) Carthage Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE 12-15 1931

19. UNDERTAKER Ulmer - whole (ADDRESS) Carthage Mo

20. FILED Dec. 14 1931 E. H. Fitcham Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1 1931 to Dec 13 1931. I last saw him alive on Dec 13 1931. Death is said to have occurred on the date stated above, at 7:45 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with dilatation  
108-108  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Chronic unresolved pneumonia - lower Right

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Lloyd B. Clinton, M. D.  
(Address) Carthage 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.

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