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.

APR 26 1932

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

Do not use this space.

8039

1. PLACE OF DEATH

38 County GENTRY — Registration District No. 312 — File No.

4 Township ~~JACKSON~~ — Primary Registration District No. 4188 — Registered No. 3

6 City KING CITY. (No. , St. Ward)

2. FULL NAME HIRAM EGGLESTON

(a) Residence, No. KING CITY, MO. St., Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	WIDOWER

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 9, 1852.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. GEN. FARMING.

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 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MOUNT VERNON OHIO. 2

FATHER

13. NAME WILLARD EGGLESTON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) XXXXXXXXXXX VERMONT.

MOTHER

15. MAIDEN NAME KATHERINE STINETZ

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) XXXXXXXXXX OHIO.

17. INFORMANT (ADDRESS) Robert Wolf KING CITY, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE FAIRPORT. DATE 3/13/32. 19

19. UNDERTAKER (ADDRESS) H.D. WILSON KING CITY, MO.

20. FILED March 12, 1932 A W Paulette Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1926, to March 12, 1932

I last saw him alive on March 11, 1932. Death is said to have occurred on the date stated above, at 12:03 A.M.

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

Aortic Insufficiency — Date of onset Jan-1926

92A 92A

Other contributory causes of importance:

(1)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) A W Paulette, M. D.

(Address) KING CITY, MO.