

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.

MOY 24 1932

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

Do not use this space.

12139

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1. PLACE OF DEATH

County Dunklin  
Township  
City Malden (No. 4173)

Registration District No. 289  
Primary Registration District No. 5409

File No. 12139  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Eleanor Marie Eaker

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 1 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓  
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) Malden Mo. 1

13. NAME C. H. Eaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Mo.

15. MAIDEN NAME Agnes Nolan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute Ind. 2

17. INFORMANT C. H. Eaker (ADDRESS) Malden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden DATE 4-24, 1932

19. UNDERTAKER H. L. Craig (ADDRESS) Malden Mo.

20. FILED 4/24, 1932 Homer Beall Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1932

22. I HEREBY CERTIFY that I attended deceased from April 20, 1932 to April 23, 1932. I last saw h. or alive on April 23, 1932. Death is said to have occurred on the date stated above, at 7 P. m.

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

Acute Infective Meningitis  
Acute Phth. Media  
Acute Mastoiditis  
Date of onset April 19

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 74 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) John D. Cleve, M. D.  
(Address) Malden Mo.

