

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

Do not use this space.

35324

**1. PLACE OF DEATH**

36 County Franklin Registration District No. 295  
 6 Township \_\_\_\_\_ Primary Registration District No. 4129  
 2 City Sullivan (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. 1

Registered No. 38

**2. FULL NAME**

Jake Eggers  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (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 Male 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) Jan. 3 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
24 10 19

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Chauffeur  
 (b) General nature of industry, business, or establishment in which employed (or employer) 101  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Steelville  
 (STATE OR COUNTRY) Crawford Co. Mo

10. NAME OF FATHER L. A. Eggers

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

12. MAIDEN NAME OF MOTHER Elizabeth Cole

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Steelville  
 (STATE OR COUNTRY) Mo

14. INFORMANT J. A. Eggers  
 (Address) St. James Mo Rt # 2

15. FILED Nov 29 1937 Jose B. Wenzel REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 22 1937

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on Nov. 22, 1937, and that death occurred, on the date stated above, at 8:05 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
By a gun shot wound in left groin.

CONTRIBUTORY (SECONDARY) Homicide (duration) \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Hemorrhage (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 173

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) Thos. P. Shaffer M. D.  
Nov 23 1937 (Address) Sullivan, Mo

\*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 Buffalo Cem Sullivan DATE OF BURIAL Nov. 26 1937

20. UNDERTAKER Thos. P. Shaffer Sullivan ADDRESS \_\_\_\_\_

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.

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

JAN 9 1938

