

FEB 23 1933

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

Do not use this space.

1. PLACE OF DEATH

County Adair

Registration District No. 4

File No. 21

Township

Primary Registration District No. 3001

Registered No. 22

City Keokuk Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lamanchil Earon

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

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) May 10 1897

7. AGE

YEARS 35

MONTHS 7

DAYS 16

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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

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) Near Quency Mo

FATHER

13. NAME Aaron Earon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quency Mo

MOTHER

15. MAIDEN NAME Mabel Garrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quency Mo

17. INFORMANT Mrs Margaret Earon (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE Quency Cem DATE Jan 28 1933

19. UNDERTAKER Mrs M. T. West (ADDRESS) Quency Mo

20. FILED Jan 27 1933 Mrs C. H. Becker Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1933 to Jan 26 1933

I last saw h. en alive on Jan 26 1933 Death is said to have occurred on the date stated above, at 2:45 AM

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

Date of onset

Myocarditis acute  
PBA

Other contributory causes of importance:

Anemia  
Amemorrhoea

Name of operation Hysterectomy Date of Jan 20 33

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) R. O. Stickler, M. D.

(Address) Keokuk 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.

