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.

AUG 2 6 1933

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot
Township Hayti
City ..... (No. ..... St. ..... Ward)

Registration District No. 653
Primary Registration District No. 5864

File No. 23997
Registered No. 81

2. FULL NAME Willie May Eisom

(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 Female
4. COLOR OR RACE Black
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 12, 1932

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Hayti, Mo.

FATHER
13. NAME Arbie Eisom
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barefield, Ark

MOTHER
15. MAIDEN NAME Edna Simmons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Point Pleasant, Mo.

17. INFORMANT (ADDRESS) Arbie Eisom, Hayti, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Morgan Cem DATE 7-9-1933

19. UNDERTAKER (ADDRESS) Ora Goosby, Hayti, Mo.

20. FILED 7-9-1933 J. W. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1933 to July 9, 1933
I last saw her alive on July 7, 1933 Death is said to have occurred on the date stated above, at 12:40 a.m.
The principal cause of death and related causes of importance were as follows:

Colitis — Date of onset 6-20-33

119B 119B

Other contributory causes of importance:

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) J. W. Johnson, M. D.
(Address) Hayti, Mo.