

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

Do not use this space.

25569

1. PLACE OF DEATH

County Barton Registration District No. 39
Township _____ Primary Registration District No. 4023
City Golden City (No. _____) St. _____ Ward _____

2. FULL NAME

Eva M. Kent

(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. L. Kent</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6, 1863</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>1</u>	DAYS <u>18</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1930, to Aug 24, 1933
I last saw h. st alive on Aug 22, 1933. Death is said to have occurred on the date stated above, at 10:20 m.

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

Chronic mitral disease of heart

Date of onset
at least 3 years ago

Other contributory causes of importance

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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. M. Brooks, M. D.
(Address) Golden City, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gidley, Ill.
13. NAME Henry G. Freed
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn
15. MAIDEN NAME Amanda Gilmore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
17. INFORMANT (ADDRESS) A. L. Kent, Golden City Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACES D.O.F. Golden City, Mo. Aug 28, 1933
19. UNDERTAKER (ADDRESS) E. L. Phillips, Golden City Mo.
20. FILED 8-28, 1933 B. B. Wilson Registrar.

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. SEP 26 1933

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

