

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

Do not use this space.

30425

1. PLACE OF DEATH  
 74 County Nodaway Registration District No. 623  
 9 Township Maryville. Primary Registration District No. 5827  
 City Maryville. (No. .... St. .... Ward) (If nonresident, give city or town and State)  
 2. FULL NAME Ralph Everest  
 (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.

File No. ....  
 Registered No. 99 St. .... Ward)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.  
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Mary.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1873.  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60. 4 28.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.  
 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) Illinois.  
 MOTHER FATHER  
 13. NAME E. A. Everest.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.  
 15. MAIDEN NAME Mary. Hole.  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.  
 17. INFORMANT Jessie Everest. Maryville  
 (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Oak Hill Cemetery. Sept 10, 1933  
 19. UNDERTAKER Price Funeral Home.  
 (ADDRESS)  
 20. FILED Sept 11, 1933 Mamie E. Chardy  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1933, to Sept 8, 1933  
 I last saw h. h alive on Sept 5, 1933 Death is said to have occurred on the date stated above, at ..... m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of face -  
52 52  
 Other contributory causes of importance:  
 Name of operation Resection Date of .....  
 What test confirmed diagnosis? h. t. t. y. Was there an autopsy? No.  
 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.  
 Nature of injury .....  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify h. m. Hallis Jr M. D.  
 (Signed) Maryville Mo  
 (Address) Maryville 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.

OCT 20 1933

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