

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.

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

Do not use this space.

39709

PLACE OF DEATH

County Laclede
Township Owensville
City Owensville (No.)

Registration District No. 305
Primary Registration District No. 4184

File No.
Registered No. 34
St. Ward)

22. FULL NAME Florence E. Eatherton

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF a w. Eatherton (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 21 - 1861

7. AGE YEARS 72 MONTHS 9 DAYS 24 IF LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Grovedale (STATE OR COUNTRY) Mo

13. NAME John Henry Given

14. BIRTHPLACE (CITY OR TOWN) not know (STATE OR COUNTRY)

15. MAIDEN NAME not known

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

17. INFORMANT J. E. Eatherton (ADDRESS) J. E. Owensville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grovedale Mo DATE Dec. 17 1923

19. UNDERTAKER W. F. Gettemeister (ADDRESS) Owensville Mo

20. FILED 12-20 1923 J. F. Freerell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16 1923

22. I HEREBY CERTIFY, That I attended deceased from 12-10 1923, to 12-16 1923

I last saw h. a alive on 12-16 1923. Death is said to have occurred on the date stated above, at 9 a. m.

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

Heart Hemorrhage of Brain Date of onset

Other contributory cause 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?

If so, specify

(Signed) Edwin Muller, M. D.

(Address) Owensville Mo.

