

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.

FF 3 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County Tennisco Registration District No. 1102  
Township Pascala Primary Registration District No. 75-8  
City Pascala St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2108  
Registered No. \_\_\_\_\_

2. FULL NAME

Doris Dorothea Eveland  
(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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14-1933  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 12  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓  
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) Pascala Mo  
13. NAME Vorter Eveland  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.  
15. MAIDEN NAME Maymie Rittig  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
17. INFORMANT Arletta Eveland  
(ADDRESS) Pascala  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE Eng. Burial DATE 1-27 1934  
19. UNDERTAKER Friends  
(ADDRESS) \_\_\_\_\_  
20. FILED 1-27 1934 Mrs. T. R. Cole  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26 1934  
22. I HEREBY CERTIFY, That I attended deceased from 1-26 1934, to 1-26 1934  
I last saw him alive on 11-30 1934. Death is said to have occurred on the date stated above, at 4:10 p.m.  
The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia  
107A  
Other contributory causes of importance: 107A  
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 Mr. Rhodes (Signed) \_\_\_\_\_, M. D.  
(Address) Hayte, Mo.

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