

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

Do not use this space.

1. PLACE OF DEATH *Jackson*
 County *Jackson* Registration District No. *100*
 Township *North* Primary Registration District No. *100*
 City *J. C.* No. *1323* *Linwood* St. *3307* Ward

2. FULL NAME *John P. Eylar*
 (a) Residence No. *1323* *Linwood* St. Ward. (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.

16998
 File No.
 Registered No.
 St. *3307* Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *wh.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Bertha M. Eylar*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 27, 1876*

7. AGE YEARS *58* MONTHS *4* DAYS *0* If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Merchant*

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) *Locust Grove Ohio*

FATHER

13. NAME *David S. Eylar*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

MOTHER

15. MAIDEN NAME *Martha Cannon*

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

17. INFORMANT *Bertha M. Eylar*
 (ADDRESS) *1323 Linwood Blvd*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Moreah* DATE *May 31, 1934*

19. UNDERTAKER *Eylar Funeral Home*
 (ADDRESS) *J. C. Mo.*

20. FILED *May 30, 1934* *M. M. Crowe*
east Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 28, 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to *May 28, 1934*

I last saw him alive on *May 27, 1934* Death is said to have occurred on the date stated above, at *3 P.* m.

The principal cause of death and related causes of importance were as follows:
Angine Pectoris
9/4
97
A. J. C.
 Other contributory causes of importance:
Arteriosclerosis

Date of onset

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) *John C. Summers, M. D.*
 (Address) *1402 Abingdon St.*

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.

JUN 19 1934

