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.

AUG 19 1934

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

Do not use this space.

23665

1. PLACE OF DEATH
County Cedar — Registration District No. 164 — File No. 151
Township Benton — Primary Registration District No. 5229 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mattie May Eggleson
(a) Residence, No. ..... St. ..... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Ray Eggleson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 20-67
7. AGE: YEARS 65 — MONTHS 9 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sum
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): Bloomfield Indiana

FATHER
13. NAME: Isaac Bynum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Mary McColl
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Ray Eggleson Jerico Springs Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hall Cemetery DATE 7/12 1934
19. UNDERTAKER (ADDRESS): [illegible] Jerico Springs Mo.
20. FILED 7-28 1934 Mrs Mary Hafner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 10, 1934
22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934, to July 10, 1934
I last saw her alive on July 10, 1934. Death is said to have occurred on the date stated above, at 1-40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
82A	
97 82a	

Other contributory causes of importance:
Arterio-sclerosis

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? D.O.
If so, specify .....
(Signed) H. S. Swanson
(Address) Jerico Springs, Mo