

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.

WHILE LIVING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

SEP 14 1934

28170

1. PLACE OF DEATH

County Adair

Registration District No. 4

Township

Primary Registration District No. 3001

City Wicksville (No.)

St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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.

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

S. L. Eggert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 7 - 1877

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

OCCUPATION

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)

Adair Co

FATHER

13. NAME

Samuel B. Everhart

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

Iowa

MOTHER

15. MAIDEN NAME

Mary Fabel Baskin

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

Mo.

17. INFORMANT (ADDRESS)

Gladys S. Eggert

Centerville, Iowa

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Park DATE 9/1/34 19

19. UNDERTAKER (ADDRESS)

W. C. Simmons & Son

Wicksville, Mo.

20. FILED

Sept 1, 1934 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 30, 1934

22. I HEREBY CERTIFY That I attended deceased from

Aug 30, 1934 to Aug 30, 1934

I last saw him alive on Aug 30, 1934 Death is said

to have occurred on the date stated above, at 5:30 p.m.

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

Rupture of Coronary Artery Date of onset

94%

Other contributory causes of importance:

High Blood Pressure

Name of operation none Date of

What test confirmed diagnosis Medical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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? no

If so, specify

(Signed) F. J. Regan M. D.

(Address) Wicksville, Mo

258