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

Do not use this space.

36552

1. PLACE OF DEATH

County Lewis. Registration District No. 483 File No.

Township Redish. Primary Registration District No. 5644B Registered No.

City (No. , St. Ward)

2. FULL NAME William Hardin Eversole.

(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Margaret G. Walker.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 11. 1862

7. AGE: Years 72. Months 9 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Lewis. County. Missouri.

FATHER

13. NAME: Hardin Eversole.

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

MOTHER

15. MAIDEN NAME: Marie Fleak.

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

17. INFORMANT (ADDRESS): Mrs Margaret G Eversole Lewistown. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Midway Cent. DATE Nov. 27 1934

19. UNDERTAKER (ADDRESS): James A Coder. Lewistown. Missouri.

20. FILED Nov 2 1934 Mrs D. B. Speer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 31. 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1934, to Oct 31, 1934

I last saw him alive on Oct. 31, 1934. Death is said to have occurred on the date stated above, at 8:30 P.m.

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

Indocarditis

91B

9272

Date of onset

Other contributory causes 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) Dr. C. E. Todd, M. D.

(Address) Williamstown Mo.

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.