

NOV 13 1934

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

Do not use this space.

37071

1. PLACE OF DEATH

County RATTDOLPH.

Registration District No. 795

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 3034

Registered No. 206

City MOBERLY. (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME LARRY WAYNE EADS

(a) Residence, No. 333 N. CLARK. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-30-1934

7. AGE: YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. ✓ 4 5

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) MOBERLY MO.

13. NAME JAMES. EADS.

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

15. MAIDEN NAME GRACE LUCAS

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

17. INFORMANT (ADDRESS) MRS. JAMES EADS MOBERLY MO

18. BURIAL, CREMATION, OR REMOVAL PLACE OAKLAND Cem Oct. 6 1934

19. UNDERTAKER (ADDRESS) LEAVERTON FUN. HOME MOBERLY MO.

20. FILED 10/6 1934 Virginia Walker Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1934 to Oct. 5 1934

I last saw him alive on Oct. 5 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:

Feb - Enteritis Date of onset 2 wks.

1198

1196

Other contributory causes of importance mal-nutrition, albic

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None 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) R. E. Huber, M. D.

\_\_\_\_\_  
Virginia Walker (Address) Moberly, Mo.

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.

