

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.

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

Do not use this space.

1. PLACE OF DEATH  
20 County Cedar  
Township Box  
City (No. City) \_\_\_\_\_

Registration District No. 163  
Primary Registration District No. 5228

File No. 38794  
Registered No. 78  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Beatrice Eason

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5-1918

7. AGE YEARS 16 MONTHS 2 DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. at school

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) Cedar Co., Mo

13. NAME W. D. Eason

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co., Mo

15. MAIDEN NAME Mary J. Hughes

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

17. INFORMANT (ADDRESS) W. D. Eason  
Edwards Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clintonville, Tenn DATE 11-18 1934

19. UNDERTAKER Guinn Siders  
(ADDRESS) Edwards Springs, Mo

20. FILED 11/17 1934 J. W. Dawson  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1934 to Nov 16 1934

I last saw him alive on Nov 18 1934 Death is said to have occurred on the date stated above, at 12 am.

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

Concussion from  
fall from truck  
over by accident this fat  
of state highways 54 & 64. School bus  
being towed by  
a truck with children in the truck at the  
turning children fell out of truck pulling  
the bus through the children.

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) L. J. Dunaway M. D.  
(Address) Edwards Springs, Mo

