

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

Do not use this space.

JAN 26 1935

**1. PLACE OF DEATH**

County HUNKLIN Registration District No. 288  
Township \_\_\_\_\_ Primary Registration District No. 5406  
City KENNETT (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 42514

Registered No. \_\_\_\_\_

**2. FULL NAME**

EVA STROUT TROUT  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 F 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 20 1890  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 11 17  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME  
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) ILLINOIS-  
13. NAME JAMES STROUT  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS-  
15. MAIDEN NAME ELI F. EUBANKS-  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS-

17. INFORMANT Robert Eubanks  
(ADDRESS) Kennett, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE OAK RIDGE DATE DEC 9 34  
19. UNDERTAKER BALDWIN FUNERAL HOME  
(ADDRESS) KENNETT, MO.

20. FILED Jan 26 1935 Dr. H. H. Davis  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1934  
22. I HEREBY CERTIFY, That I attended deceased from Oct 15 - 1934 to Dec 7 1934  
I last saw her alive on Dec 6 1934 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:  
Cancer Uterus  
Date of onset 3/1/34  
Other contributory causes of importance: \_\_\_\_\_

Name of operation Partial hysterectomy Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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? No  
If so, specify \_\_\_\_\_  
(Signed) Paul Baldwin M. D.  
(Address) Kennett Mo.

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.

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