

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.

JAN 2 1935

45614

1. PLACE OF DEATH

County Vernon
Township Washington
City Merceda (No. _____)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 266
St. _____ Ward _____

2. FULL NAME

Legate, Eva

(a) Residence, No. State Hosp. no 3, Merceda, Mo. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 30 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 0 9

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

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) 1924 11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME E. B. Legate

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

15. MAIDEN NAME Dollie F. Thomas

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

17. INFORMANT Mrs. E. B. Legate (ADDRESS) Merionville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Merionville, Mo DATE Dec 31, 1934

19. UNDERTAKER Riches Personal Home (ADDRESS) Merceda, Mo

20. FILED 12-31, 1934 M. C. Cichinger Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Dec 30, 1934

I last saw him alive on Dec 30, 1934. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Acute myocardial failure

Other contributory causes of importance:

Pulmonary Tuberculosis

Name of operation none Date of _____

What test confirmed diagnosis? X-ray, clinical 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 none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. W. Pearce M. D.

(Address) State Hosp no 3, Merceda, Mo

