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.

FEB 20 1935

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

Do not use this space.

1. PLACE OF DEATH
County Carroll — Registration District No. 134 — File No. 449
Township ~~Ridge~~ — Primary Registration District No. 4075 — Registered No. 4
City Bosworth (No. ..... St. ..... Ward)

2. FULL NAME Richard A. Eisenhour
(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 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: Tillie Eisenhour
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 19-1872
7. AGE: YEARS 62 — MONTHS 4 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor - Santa Fe
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): Bosworth Mo

FATHER
13. NAME: David Eisenhour
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calloway Co Missouri

MOTHER
15. MAIDEN NAME: Jane Goodwin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nashville Tenn

17. INFORMANT (ADDRESS): Mrs Tillie Eisenhour Bosworth Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Big Creek DATE Jan 29 1935
19. UNDERTAKER (ADDRESS): David J Edwards Bosworth Mo
20. FILED Jan 27 1935 Mrs. Boss Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 26 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1935, to Jan 26, 1935
I last saw her alive on Jan 26, 1935. Death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Pneumonia	

Other contributory causes of importance: Heart failure

Name of operation ..... 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? ..... 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) A. Boss Brown, M. D.
(Address) Bosworth Mo