

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

Do not use this space.

APR 19 1935

9690

**1. PLACE OF DEATH**

County Lawrence

Registration District No. 468

File No. ....

Township Marionville

Primary Registration District No. 4281

Registered No. 7

City Marionville No. ....

St. .... Ward)

**2. FULL NAME**

James Heywood Eisey

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernice E. Eisey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 5 13

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

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) Marionville

13. NAME Geo. Eisey

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

15. MAIDEN NAME Anaconda Drake

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doyle, Mo.

17. INFORMANT (ADDRESS) Mrs. G. F. Sobler, Marionville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE 3-6-35

19. UNDERTAKER (ADDRESS) Bradford Linn Hume, Marionville

20. FILED Mar 13 1935 Laura O. Cannady Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 1935

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1935, to March 4, 1935

I last saw him alive on March 4, 1935. Death is said to have occurred on the date stated above, at 11 a.m.

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

Lobar Pneumonia

Date of onset Feb 25

Other contributory causes of importance: Chronic myocarditis

Name of operation. Date of. What test confirmed diagnosis? clinic 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? no If so, specify

(Signed) Vern T. Beckel, M. D. (Address) A. W. W. W., Mo.

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.

