

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

Do not use this space.

MAY 31 1935

13570

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Freeport Primary Registration District No. 3029
 City Hannibal (No. 1808 Spruce) St. 6 Ward

File No. _____
 Registered No. 124
 St. 6 Ward

2. FULL NAME

Richard Eugene Eager
 (a) Residence, No. 1808 Spruce St. 6 Ward.

(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 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 7 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Child

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) Hannibal Mo

13. NAME Dred W. Eager

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

15. MAIDEN NAME Myrtle Wallis

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

17. INFORMANT (ADDRESS) Dred W. Eager Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand View Rural Park DATE 4-23-35

19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal Mo.

20. FILED Apr 24 1935 R. H. Schuster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-1935

22. I HEREBY CERTIFY, That I attended deceased from 4-18-35 to 4-21-35, 1935

I last saw him alive on 4-21-35, 1935. Death is said to have occurred on the date stated above, at 1:15 pm.

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

Meningitis Date of onset

(Cerebro Spinal) meningococcus

Other contributory causes of importance:

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 _____, 1935

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) H. O. Daniel, M. D.
 (Address) _____

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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