

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

Do not use this space.

JUL 19 1935

19192

1. PLACE OF DEATH

County Cedar
Township
City El Dorado Spgs (No.)

Registration District No. 168
Primary Registration District No. 4095

File No.
Registered No. 37
St. Ward

2. FULL NAME

James S McEral

(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 (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Rosa McEral
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 1861
7. AGE YEARS 74 MONTHS 5 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION 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.
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) Cass Co Mo

FATHER 13. NAME Allen McEral

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

MOTHER 15. MAIDEN NAME Louann Young

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

17. INFORMANT Rosa McEral (ADDRESS) El Dorado Spgs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union parol DATE June 30 1935

19. UNDERTAKER (ADDRESS) Walter T. Funeral Home El Dorado Spgs Mo

20. FILED 6-29-1935 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1935

22. I HEREBY CERTIFY, That I attended deceased from June 24 1935 to June 26 1935.
I last saw him alive on June 26 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:
chronic myocarditis Date of onset

Other contributory causes of importance:
None
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? NO
If so, specify Ch. Linderwirth, D.S.D.
(Signed) Ch. Linderwirth, D.S.D.
(Address) El Dorado Springs

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.

