

JAN 3 1935

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

Do not use this space.

40467

1. PLACE OF DEATH  
 74 County Nodaway Registration District No. 617  
 Townshlp. \_\_\_\_\_ Primary Registration District No. 4367  
 City Arkoe (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Perry D. Eells (Eells)  
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 9 23

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

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) Phillipsburg,  
 (STATE OR COUNTRY) Kas.

13. NAME John Eells

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

15. MAIDEN NAME Patience Haskin.

16. BIRTHPLACE (CITY OR TOWN) New York State  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Perry Eells  
 (ADDRESS) Maryville Mo.

18. BURIAL CREMATION, OR REMOVAL PLACE Miriam Cemetery DATE Dec. 22, 1935

19. UNDERTAKER Price Funeral Home  
 (ADDRESS) Maryville Mo.

20. FILED 12/27 1935 Chas. Humboldt  
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19-1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. 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 \_\_\_\_\_

(view inquest verdict)

Other contributory causes of importance \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Exam. vision 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) Jane Rowles, M. D.

(Address) Coroner Nodaway Co. Maryville 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.

WHILE PRINTING WITH FORWARDING INK—THIS IS A PERMANENT RECORD

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