

Curranham

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

Do not use this space.

FEB 20 1936

2511

1. PLACE OF DEATH
 County Pike Registration District No. 689
 Township _____ Primary Registration District No. 3033
 City Meriana (No. 402, Maryland) St. _____ Ward _____

2. FULL NAME Elizabeth Celia Eddy
 (a) Residence, No. 402 Md St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Henry Eddy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/19-1900

7. AGE YEARS 35 MONTHS 7 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Pike Co Mo

FATHER
 13. NAME Grant Kemery
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meriana Mo

MOTHER
 15. MAIDEN NAME Vergie Harvey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co Mo

17. INFORMANT (ADDRESS) Mrs Vergie Harvey, Kemery
Meriana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverview DATE 1/6 1936

19. UNDERTAKER (ADDRESS) P. H. Kelly
Meriana Mo

20. FILED 1/4 186 P. H. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/4 1936

22. I HEREBY CERTIFY, That I attended deceased from apex 24 to 4/4 1936
 I last saw her alive on 1-4 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Julmonary TB
 Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis? None 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 None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Edmund J. ..., M. D.
 (Address) Meriana Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MAINTAIN RESERVED FOR OTHER USES

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.

NO. 2
100M-2-22-32

