

JUN 16 1936

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

Do not use this space.

18412

1. PLACE OF DEATH

County Adair  
Township Wilson  
City (No. ....) St. .... Ward .....

Registration District No. 3  
Primary Registration District No. 5004

File No. ....  
Registered No. ....

2. FULL NAME

Eddy S. M. Dermot

(a) Residence, No. .... St. .... Ward .....

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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth M. Dermot</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 7 1875</u>				
7. AGE	YEARS <u>61</u>	MONTHS <u>0</u>	DAYS <u>27</u>	If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) <u>April 1936</u>
	11. Total time (years) spent in this occupation <u>50</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Adair Co. Mo.

13. NAME  
Jessie M. Dermot

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

15. MAIDEN NAME  
Mary Thompson

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

17. INFORMANT  
Mrs. E. S. M. Dermot  
(ADDRESS)  
Libba, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE  
Union Cemetery DATE  
5/6 1936

19. UNDERTAKER  
F. R. Emley  
(ADDRESS)  
Brainerd, Mo.

20. FILED  
May 20 1936  
Alveta Collins  
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from  
Apr. 27 1936 to May 4 1936  
I last saw him alive on May 4 1936. Death is said to have occurred on the date stated above, at 8 A. M.

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

Pneumonia  
Influenza

Date of onset  
Apr 26  
Apr 20

Other contributory causes of importance

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....  
If so, specify  
(Signed) H. M. H. Campbell, M. D.  
(Address) Brainerd, 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.

