

JUN 25 1936

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

Do not use this space.

20423

1. PLACE OF DEATH Handolph  
County..... Registration District No. 735  
Township Moberly Primary Registration District No. 3034  
City..... (No.....) St..... Ward.....

2. FULL NAME Alberta Eads,  
(a) Residence, No. 502 E. Reed. 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 <u>Female</u>	4. COLOR OR RACE <u>White,</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 10th 27</u>		
7. AGE	YEARS <u>9</u>	MONTHS <u>1</u>
	DAYS <u>6</u>	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. <u>School Girl</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) <u>Moberly</u> (STATE OR COUNTRY) <u>MO.</u>		
FATHER	13. NAME <u>Albert Eads</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Moberly</u> (STATE OR COUNTRY) <u>MO.</u>	
	15. MAIDEN NAME <u>Clara Gravatt</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) <u>Boone Co.</u> (STATE OR COUNTRY) <u>MO.</u>	
	17. INFORMANT <u>Albert Eads,</u> (ADDRESS) <u>Moberly, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oakland Cem.</u> DATE <u>May 18 36</u>		
19. UNDERTAKER <u>Snow Funeral Home</u> (ADDRESS) <u>Moberly, Mo.</u>		
20. FILED <u>5/18 36</u> <u>Virginia E. She</u> <u>Registrar.</u>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1936, to May 16, 1936.  
I last saw her alive on May 16, 1936. Death is said to have occurred on the date stated above, at 8:30 p. m.  
The principal cause of death and related causes of importance were as follows:  
Burned over chest abdomen, back, neck & some on extremities  
Date of onset 5-16-36

Other contributory causes of importance  
playing with fire in yard

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? accident Date of injury 5-16, 1936  
Where did injury occur? Moberly  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
In yard at home.  
Manner of injury playing with fire.  
Nature of injury 1st.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) W. L. McCormick, M. D.  
(Address) Moberly Mo

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

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.

