

JUL 25 1936

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

Do not use this space.

23771

1. PLACE OF DEATH

County Pemiscot
Township Little Prairie
City Camthensville (No., St. Ward)

Registration District No. 66-1
Primary Registration District No. 9-8-62

File No.
Registered No. 80

2. FULL NAME Eugene H. Cecil

(a) Residence, No. R.F.D. Camthensville 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 3 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. L
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation L

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oscola, Arkansas

FATHER 13. NAME B. H. Cecil

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

MOTHER 15. MAIDEN NAME Theresa Steimel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Supton, Mo.

17. INFORMANT B. H. Cecil (ADDRESS) R.F.D. Camthensville

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Prairie Cem. DATE 6/15 1936

19. UNDERTAKER (ADDRESS) La Forge Camthensville, Mo.

20. FILED July 8 1936 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14 1936

22. I HEREBY CERTIFY That I attended deceased from 6-13 1936 to 6-14 1936

I last saw him alive on 6-14 1936 Death is said to have occurred on the date stated above, at 3:15 P m.

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

tetanus due to nail puncture to foot Date of onset

Other contributory causes of importance: W

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? acc Date of injury 6/13 1936

Where did injury occur? Pemiscot Co., Mo. (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Nail puncture to foot
Nature of injury tetanus

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Lutens M. D.
(Address) Camthensville, Mo.

