

Pa 7th NOV 27 1936

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

Do not use this space.

36627

1. PLACE OF DEATH

County Butler Registration District No. 50 File No. _____
Township _____ Primary Registration District No. 3004 Registered No. 86
City Butler (No. _____) St. _____ Ward _____

2. FULL NAME Donna Carolie Eberhart

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

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

22. I HEREBY CERTIFY, That I attended deceased from 9-30-, 1936, to Oct 4, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9-1934

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
1 10 25 15

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

Acute Enteritis

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 _____

Other contributory causes of importance:
MB

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oswego Missouri

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME Donald Eberhart

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Iowa

Where did injury occur? _____ (Specify city or town, county, and State)

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

15. MAIDEN NAME Georgia Hickman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagon Oklahoma

17. INFORMANT (ADDRESS) Mrs. Georgie Eberhart Butler Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Collins DATE Oct 6, 1936

19. UNDERTAKER (ADDRESS) C. Culver Butler Mo

20. FILED Oct 4, 1936 Mrs. C. E. Culver Dept. Registrar

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

If so, specify _____ (Signed) L. W. Decker, M. D.

(Address) Butler Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

