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

I. 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.

DEC 3 1936

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

Do not use this space.

38271

1. PLACE OF DEATH
County Linn
Township Clay
City ~~Evansville Mo~~ (No. ..... , ... St. ..... Ward)

Registration District No. 499
Primary Registration District No. 5664

File No. ~~5~~ 5
Registered No. ~~[illegible]~~

2. FULL NAME Eva Iberg

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13 1862

7. AGE YEARS 74 MONTHS 7 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmers Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper
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) Sullivan Co Missouri

FATHER
13. NAME D. P. Brews
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Margaret Yates
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Missouri

17. INFORMANT (ADDRESS) Mrs Jennie Holzer Wheeling Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wallace 16" DATE Oct 16 1936

19. UNDERTAKER (ADDRESS) Smiley Funeral Home Wheeling Mo

Oct. 16 1936 Leo H. Clarkson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1936, to Oct 14 1936
I last saw her alive on Sept 30, 1936 Death is said to have occurred on the date stated above, at 1-P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Ac. enteritis	Sept 15, 1936

Other contributory causes of importance:
Paralysis agitans

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? ..... 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? No
If so, specify .....
(Signed) J. L. Dixon, M. D.
(Address) Linneus, Mo.