

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.

M. Rowling  
DEC 3 1936

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

Do not use this space.

38897  
38100

## 1. PLACE OF DEATH

County Mississippi Registration District No. 566  
Township Charleston Primary Registration District No. 3030  
City Charleston (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 140

## 2. FULL NAME

Eva Alma Singleton  
(a) Residence, No. Charleston St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clifton Singleton  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29 - 1890  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day: ? hrs. or ? min.  
46 0 2

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. Keeping house  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyatt, Mo.

FATHER  
13. NAME George W. Whitlock  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER  
15. MAIDEN NAME Matilda Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rodney, Missouri

17. INFORMANT John T. Whitlock  
(ADDRESS) Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Oak Grove DATE 11/2 1936

19. UNDERTAKER Travis N. Shelby  
(ADDRESS) East Peoria, Mo.

20. FILED 11-2 1936 J. O. Brown  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/31 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 16<sup>th</sup> 1936 to Oct 31<sup>st</sup> 1936

I last saw him alive on Oct 31<sup>st</sup> 1936 Death is said

to have occurred on the date stated above, at 4 P. m.

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

Chronic nephritis following Date of onset \_\_\_\_\_  
Chief Bitch

Other contributory causes of importance;  
Hypertension

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) Frank S. Vernon M. D.

(Address) Charleston Mo

