

DEC 18 1936

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

Do not use this space.

Dr W. J. Walsh
40942

1. PLACE OF DEATH

County *Greene* Registration District No. *318*
Township *Springfield* Precinct Election District No. *2001*
City (No. *Springfield*) (No. *Boyer*)

File No. _____
Registered No. *0919*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *476 State* 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Harriet Eales*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 18-1893*

7. AGE YEARS *63* MONTHS *6* DAYS *18* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Turner*
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Springfield Mo*

FATHER 13. NAME *Charles Eales*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Japan*

MOTHER 15. MAIDEN NAME *Elizabeth Hopkins*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo or Va*

17. INFORMANT (ADDRESS) *Harriet Eales*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Springfield* DATE *11-7* 19*36*

19. UNDERTAKER (ADDRESS) *Wm. J. Walsh*

20. FILED *11-7* 19*36* *W. J. Walsh* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11/6* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *11-4* *36* to *11-6* *36*

Last saw her alive on *11-6* 19*36* Death is said to have occurred on the date stated above, at *5:30* p.

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

Carcinoma of uterus and probable of left kidney
Other contributory causes of importance: *Draination*
Uterus primary

Name of operation *None* Date of _____
What test confirmed diagnosis *Ray's Physical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *No* 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) *W. J. Walsh* M. D.
(Address) *Springfield 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.

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