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.

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

JAN 28 1937

Do not use this space.

43901

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, (No. 2607 Penn St. St. Ward)

File No.

Registered No. 1597

2. FULL NAME: Eva Lillian Poirier

(a) Residence, No. 2607 Penn St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct, 11, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	80	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.

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): Manitowac, Wis.

FATHER

13. NAME: Silas G. Latham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saratoga, N.Y.

MOTHER

15. MAIDEN NAME: Charlotte J. ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Manitowac, Wis.

17. INFORMANT (ADDRESS): Lisle E. Poirier, Chicago, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park Cem. DATE: Jan, 2, 1937, 19

19. UNDERTAKER (ADDRESS): Walter Meinhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED: 1-2, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec, 30, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Jun 1, 1936, to Dec - 30, 1936

I last saw her alive on Dec 30, 1936. Death is said to have occurred on the date stated above, at 9.30 m. P.M.

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

	Date of onset
Cerebral Hemorrhage	36 hrs

Other contributory causes of importance:

Arterio-sclerosis general (?)

Heart Disease - arterio-sclerotic (?)

Name of operation: None — Date of: —

What test confirmed diagnosis? Clinical — 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) H. W. Carle, M. D.

(Address) Phys. & Surg. Bldg., St. Joseph, Mo.