

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.

NOV 9 1937

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

Do not use this space.

44494

**1. PLACE OF DEATH**

County Greene  
Township Greene  
City Greene (No. ....) St. .... Ward)

Registration District No. 328  
Primary Registration District No. 3017

File No. ....  
Registered No. ....

**2. FULL NAME**

Wanda Elizabeth Everly  
(a) Residence, No. 312 Pleasant View St. Ward. ....  
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1907

7. AGE YEARS 28 MONTHS 5 DAYS 9 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
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) West Virginia

13. NAME Joseph Foster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin Ireland

17. INFORMANT (ADDRESS) M. Robert Everly, 312 Pleasant View

18. BURIAL, CREMATION, OR REMOVAL PLACE Greene DATE Dec. 11, 1936

19. UNDERTAKER (ADDRESS) Everly Funeral Home, Trenton, Mo.

20. FILED 12-11-36 Irene D. Fair Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1936, to Dec. 10, 1936

I last saw her alive on Dec. 9, 1936. Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Toxemia of Pregnancy Date of onset about 11-18-36

Other contributory causes of importance: Placenta Praevia

Name of operation Caesarian Section Date of 12-7-36

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) G. H. Gullers, M. D. (Address) Trenton Mo

