MAR 16 1937

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

Do not use this space.

Registration District No. 89
Primary Registration District No. 3007
File No. 5218
Registered No. 53

1. PLACE OF DEATH
County Butler
Township
City Poplar Bluff (No. Poplar Bluff Hospital St. Ward)

2. FULL NAME Eula Myrtle Gaultney
(a) Residence, No. Qulin, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

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 Othar A. Gaultney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov.12,1908

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
28	2	29	

OCCUPATION
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) Malden, Missouri

FATHER
13. NAME Bosley Kelm
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Lola Prickett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Othar A. Gaultney
(ADDRESS) Qulin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Campbellm Mo. DATE 2/13/37

19. UNDERTAKER Frank Und. Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 2/13 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb.11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-4, 1937, to 2-11, 1937
I last saw her alive on 2-11, 1937. Death is said to have occurred on the date stated above, at 10:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-4-37

Other contributory causes of importance:
Toxemia

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) [illegible], M. D.
(Address) Poplar Bluff, Mo.

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.