JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH
County Stoddard
Township Liberty
City Dexter (No. ..... St. ..... Ward)

Registration District No. 838
Primary Registration District No. 6098B

File No. 25058
Registered No. .....

2. FULL NAME H. E. Eads

(a) Residence, No. ..... 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Eads

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25-1895

7. AGE YEARS 42 MONTHS DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

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.
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) Shawneetown, Ill

FATHER
13. NAME Fletcher Eads
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shawneetown Ill

MOTHER
15. MAIDEN NAME Henrietta Cook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shawneetown Ill

17. INFORMANT (ADDRESS) Ellen Eads Fisk Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hagy Cemetery DATE June 18, 1937

19. UNDERTAKER (ADDRESS) Watkins Funeral Service

20. FILED 6-21, 1937 Margaret Roon Registrar, Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from accident on highway, 19..., to ..., 19...

I last saw h..... alive on ..., 19..... Death is said to have occurred on the date stated above, at 1:05 a.m.

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

Struck by automobile while riding bicycle on highway Hdqs 4 Mi. west of Dexter

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/17/37
Where did injury occur? Highway 60 - 4 Mi. West of Dexter Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Neck Highway
Manner of injury Skull - and chest
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John Wilson, M. D.
(Address) Bloomfield Mo
Corona Stoddard Co.

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard — Registration District No. 838 — File No. 25-058

Township Liberty — Primary Registration District No. 6098B — Registered No. /

City Dexter Mo (No. ..... , ... St. ..... Ward)

2. FULL NAME (Herschel E.) Eades

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28. 1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
42		21	

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.

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE 19

19. UNDERTAKER (ADDRESS) Walthams Funeral Home Dexter Mo

20. FILED June 21 1937 Margaret Boone Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset

Other contributory causes of importance:

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) John Wilson, M. D.

(Address) Bloomfield Mo Coroner Stoddard Co

SUPPLEMENTARY

85052-5