SEP 24 1937

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

Do not use this space.

File No. 31543

Registered No.

1. PLACE OF DEATH
County: Pike
Township: Spencer
City: New London (No. , St. Ward)
Registration District No. 724
Primary Registration District No. 44 32

2. FULL NAME: Eunice Storey
(a) Residence, No. New London 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: William Storey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 6 - 1860

7. AGE: Years 77 Months Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife
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): Newton Illinois

FATHER
13. NAME: David Cattle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mass.

MOTHER
15. MAIDEN NAME: Priscilla
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mass.

17. INFORMANT (ADDRESS): Mrs. Paul Wilson New London.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bowles Cemetery DATE: Sept. 6, 1937

19. UNDERTAKER (ADDRESS): O'Donnell Funeral Home New London.

20. FILED: Sept 7, 1937 Blanche McGown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 4 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1937, to Sept 4, 1937
I last saw her alive on Sept 4, 1937. Death is said to have occurred on the date stated above, at 11:30 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation: None 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? 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) N. T. Waters, M. D.
(Address) New London, 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.