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 16 1937

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

Do not use this space.

1. PLACE OF DEATH
County Butler
Township
City Poplar Bluff (No. 521 Pine St. St. Ward)

Registration District No. 89
Primary Registration District No. 3007

File No. 37257
Registered No. 253

2. FULL NAME Zuella N. Van Eaton
(a) Residence, No. 521 Pine St. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb.19,1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
76	7	25	

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) Chester Illinois

FATHER
13. NAME John Hindman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Cordelia Steele
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) O.L. McCroskey Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL City Cemetery
PLACE Poplar Bluff, Mo. DATE Oct.16 1937

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

20. FILED 10/16 1937 O. Kessinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20th 1937, to Oct 14th 1937
I last saw her alive on Oct 13th 1937. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	8/20/37
48	
Other contributory causes of importance: Carcinoma of Cervix	1935

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? 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) C. L. Qualls, M. D.
(Address) Poplar Bluff, Mo