

DEC 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Polk
Township Marion
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 741
Primary Registration District No. 5930

File No. _____
Registered No. 42198

2. FULL NAME

Eulosia Emogene Vest

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 14-97</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4, 1937

22. I HEREBY CERTIFY, that I attended deceased from Nov 4, 1937 to Nov 4, 1937

I last saw h. alive on Nov 4, 1937. Death is said to have occurred on the date stated above, at 9-30 P.M.

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

Streptococcus sore throat
& Septicemia

Date of onset
Nov 2

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) D. C. McEwen, M. D.

(Address) Bolivar Mo

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bolivar Mo</u>
	13. NAME <u>Willard Vest</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bolivar Mo</u>
	15. MAIDEN NAME <u>Lilla Garrett</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cowan</u>
	17. INFORMANT (ADDRESS) <u>Willard Vest</u>
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Mt. Olive</u> DATE <u>Nov 5</u> , 19 <u>37</u>	
19. UNDERTAKER (ADDRESS) <u>Hutchinson</u> <u>Bolivar Mo</u>	
20. FILED <u>Nov 4</u> , 19 <u>37</u> <u>J. P. Roberts</u> Registrar.	

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.

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