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.

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

Do not use this space.

9
1

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No. 1849
Township — Primary Registration District No. 3001 — Registered No. 16
2 City Kirksville (No. ..... St. ..... Ward)
2

2. FULL NAME James Everhart 166
(a) Residence, No. County infirmary 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: Male
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: Dont Know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar-28-1849

7. AGE: YEARS 88 — MONTHS 9 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Invalid
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): Montgomery Co Iowa 0

FATHER
13. NAME: Dont Know 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): — 9

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

17. INFORMANT (ADDRESS): Willard Adams Kirksville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: County Cem DATE: 1/18, 1938

19. UNDERTAKER (ADDRESS): Dimmers Flinchbaugh Kirksville Mo

20. FILED: Jan 21, 1938 Spencer L. Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938 to Jan 16, 1938
I last saw him alive on Jan 15, 1938. Death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

Apophysis — Date of onset

8201

Other contributory causes of importance:

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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) F. B. Lamberty, M. D.
(Address) Kirksville Mo