REC'D MAR 14 1938

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

Do not use this space.

File No. 6008
Registered No. 128

1. PLACE OF DEATH
County: Bollinger 1 2
Township: Wayne
City: Zalma, Mo. (No. ..... St. ..... Ward)
Registration District No. 69
Primary Registration District No. 5108

2. FULL NAME: Wilma Jean Eaker 260
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 17 1938

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.: Infant
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 COUNTY): Zalma, Mo.

FATHER
13. NAME: Glen Eric Eaker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Lutesville, Mo.

MOTHER
15. MAIDEN NAME: Eurlie Viola James
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Mahn, Mo.

17. INFORMANT (ADDRESS): Glen Eric Eaker, Zalma, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cane Creek DATE: Feb. 18, 1938

19. UNDERTAKER (ADDRESS): G. Gaine

20. FILED 2/21, 1938 Mrs Jessie Berry, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1938, to Feb. 17, 1938
I last saw h. — 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:

Stillborn

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) Dr. R. A. Smith, M. D.
(Address) P. O. Box #62 Zalma, Mo.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

100M-2-38-35