

REC'D MAR 22 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

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1. PLACE OF DEATH

County *Crawford*
Township *Barton*
City *Shirley Fay House* (No. *200*)

Registration District No. *687*
Primary Registration District No. *5-85-7*

File No. *7671*
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *female* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-29-39*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. *1*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
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) *Elizabethton Mo*

13. NAME *Archie Eames*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

15. MAIDEN NAME *Archie Eames*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT (ADDRESS) *Archie Eames, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Barton Hill* DATE *3-1*

19. UNDERTAKER (ADDRESS) *None*

20. FILED *3-10-38* *CA Beach* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-1* 1938

22. I HEREBY CERTIFY, That I attended deceased from *personal death in bed*, 19____

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *5:30* a.m.

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

Premature & weak
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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) *CA Beach* _____ M. D.

(Address) *Elizabethton, Mo*

