

REC'D AUG 24 1938

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

Do not use this space.

## 1. PLACE OF DEATH.

County Cedar  
Township Jefferson  
City Humsussaw (No. \_\_\_\_\_)Registration District No. 165  
Primary Registration District No. 5230File No. 25014  
Registered No. 75 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(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

white5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)married6A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFG.W. Yocum

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 30 1877

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.6011118. Trade, profession, or particular  
kind of work done, as splanner,  
sawyer, bookkeeper, etc.Housewife9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.Housewife10. Date deceased last worked at  
this occupation (month and  
year)mo 011. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)mo 0

## 13. NAME

Louis P. Eyre14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ill. 1

## 15. MAIDEN NAME

Mary Palmer16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Pa 1

## 17. INFORMANT

G.W. Yocum

## 18. BURIAL, CREMATION, OR REMOVAL

city cemetery

## 19. UNDERTAKER

Joseph T. Fiferstone

## 20. FILED

July 12 1938

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1938

22. I HEREBY CERTIFY That I attended deceased from

....., 19....., to....., 19.....

I last saw him..... 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:

Person insane wandered from home lost about 36 hrs found dead in field from heat and exposure.

Other contributory causes of importance: 1941

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.

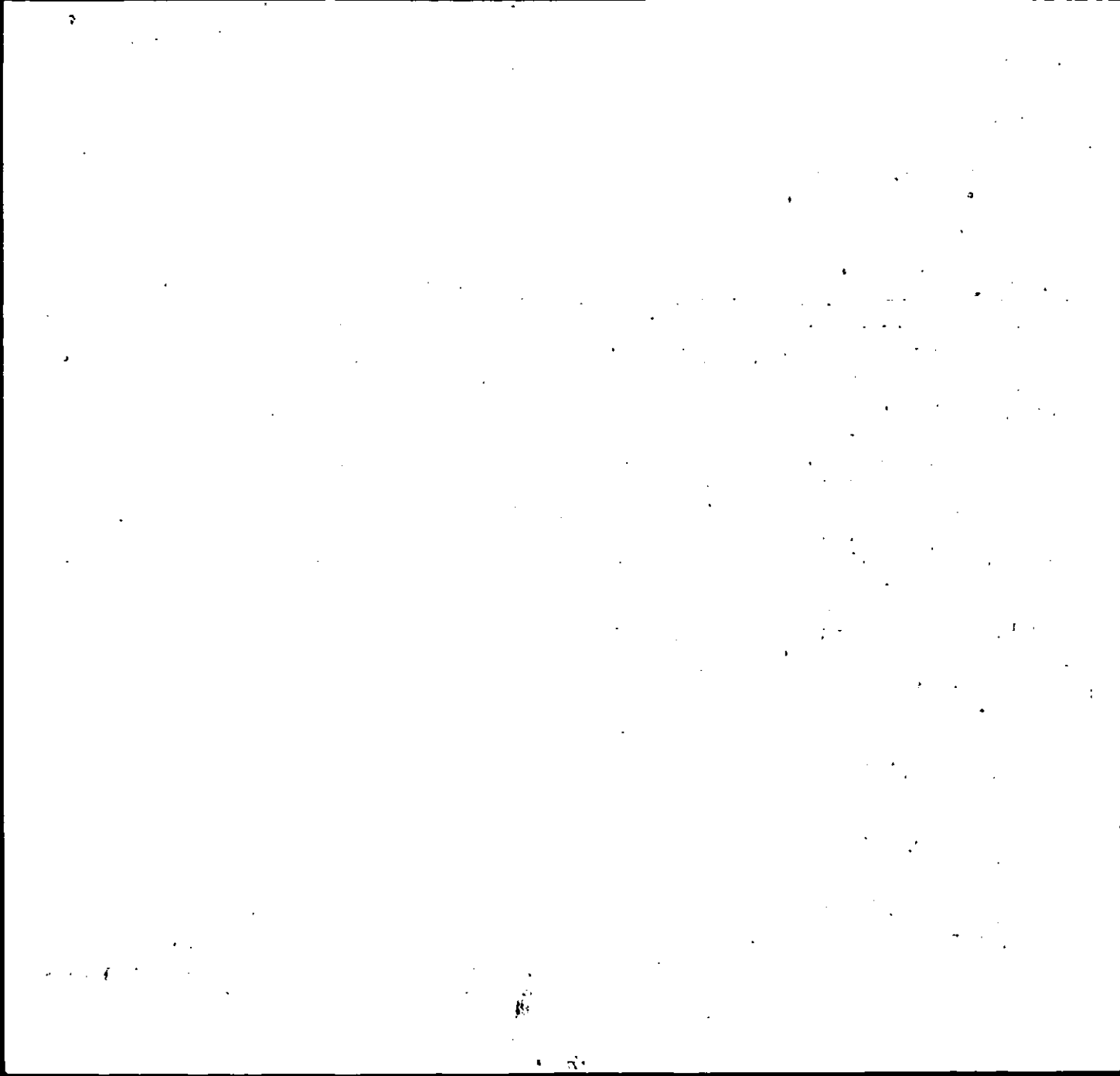
Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Michaels Church(Address) Stockton Mo



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

22-014

Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 165  
(b) Township Jefferson Primary Registration District No. 3230 Registered No. 70-  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Allie B. Zocum St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. W. Zocum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 - 19 77

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
60 11 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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)

13. NAME Louis P. Eyre

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

15. MAIDEN NAME Mary Palmer

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

17. INFORMANT (ADDRESS) G. W. Zocum  
Harrisville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE July 12, 1938

19. FUNERAL DIRECTOR (ADDRESS) Joseph J. Firestone  
Harrisville, Mo.

20. FILED July 20, 1938 Mrs. D. A. Brown  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1938

22. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ 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:

Person insane wandered from home lost about 34 hrs found dead in field from heat and exhaustion

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) Melvin Church, Dep. Cor. M.D.

(Address) Stoughton, Mo.

RECEIVED

District Health Officer No. 71

District File Number 7-38-168

Date Filed 10-5-38