

OCT 6 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 94

31829  
Do not use this space.

1. PLACE OF DEATH Caldwell 1  
 (a) County Registration District No. 4053  
 (b) Township Primary Registration District No. 927 Registered No.  
 (c) City Breckenridge (d) Street No.  
 (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 Eliza Esther Terrill 64 D.  
 (a) Residence, No. St. (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) widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Terrill  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1867  
 7. AGE YEARS 71 MONTHS 2 DAYS 3 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House  
 9. Industry or business in which work was done, as saw mill, bank, etc. Keeper  
 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) Oct. 2 1938  
 22. I HEREBY CERTIFY That I attended deceased from Sept. 29 1938 to Oct 2 1938  
 I last saw her alive on Oct 2 1938. Death is said to have occurred on the date stated above, at 9:10 A.M.  
 The principal cause of death and related causes of importance were as follows:

Acute Endocarditis Date of onset  
 Other contributory causes of importance: Weakened Condition for past year  
 Name of operation none Date of  
 What test confirmed diagnosis? Symptom Was there an autopsy? no  
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davies Co mo  
 13. NAME John Tamlin D  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Co mo  
 15. MAIDEN NAME Susan Emhart  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davies Co mo  
 17. INFORMANT (ADDRESS) Walter Terrill Breckenridge mo  
 18. BURIAL (CREMATION, OR REMOVAL) PLACE Rose Hill DATE Oct 3 38  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. M. Beck, Son Breckenridge mo  
 20. FILED Oct 4 1938 A. R. Miley M.D. Local Registrar

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify (Signed) A. R. Miley M. D.  
 (Address) Breckenridge, mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*T. McPeck*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*T. McPeck*

Licensed Embalmer No. *1740*

P. O. Address

*Brea Kenridge m*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**