

2600 FEB 21 1939

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

2434
Do not use this space.

1. PLACE OF DEATH

(a) County Steuers 2 Registration District No. 348
 (b) Township Alsage 1 Primary Registration District No. 4206
 (c) Brownington 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.

Registered No. 299

2. PRINT FULL NAME PATRICIA DEE EVERSOLE

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 19 - 1939</u>		
7. AGE YEARS <u>✓</u>	MONTHS <u>✓</u>	DAYS <u>✓</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>✓</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>✓</u>	
	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) <u>Brownington Missouri</u>		
FATHER	13. NAME <u>Alfred Dee Eversole</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leonum Missouri</u>	
MOTHER	15. MARRIED NAME <u>Josephine McElwain</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brownington Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Wm. McElwain Brownington Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Maplewood</u> DATE <u>Jan 20 39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Ch. Kiebett Brownington Mo.</u>		
20. DATE <u>Jan 24 39</u> LOCAL REGISTRAR <u>R. O. Taylor</u> (Address) <u>Clifton Mo.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1939 to Jan 19 1939
 I have seen the body on Jan 19 1939. Death is said to have occurred on the date stated above, at 9:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Stillborn Date of onset _____

Other contributory causes of importance:
Retro Pericardial Hemorrhage.

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. Cause of injury in any way related to occupation of deceased? _____
R. O. Taylor, Brownington, Mo.
 (Signed) S. B. Hughes, M. D.
 Local Registrar R. O. Taylor (Address) Clifton Mo.

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.

RECEIVED
District Health Officer No. 7,
District File Number 7-29-275
Date Filed 2-9-39

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.