

REC'D MAR 15 1939

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

7958
Do not use this space.

100

1. PLACE OF DEATH

(a) County Scott Registration District No. 1117

(b) Township Relax Primary Registration District No. 4041 Registered No. _____

(c) City Illmo (d) Street No. _____ (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 Martha Eades

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>86</u>	<u>1</u>	<u>20</u>	

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) Illinois

FATHER

13. NAME Do not know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER

15. MAIDEN NAME Skelton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT Hershel Eades
(ADDRESS) Illmo, Mo.

18. BURIAL, CREMATION, OR REMOVAL Illmo.
PLACE Lightner's Cem. DATE 2-21-39

19. FUNERAL DIRECTOR Bisplinghoff-Hubbard
(ADDRESS) Illmo, Mo.

20. FILED 2/21 1939 S. J. Davis
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1934

22. I HEREBY CERTIFY That I attended deceased from Feb 6 1934 to Feb 19 1939

I last saw him/her alive on Feb 15, 1939 Death is said to have occurred on the date stated above, at Illmo, Mo.

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

Phosmic Myocarditis

Other contributory causes of importance: Sansibility 93C

Name of operation Phosmic Date of 2/21

What test confirmed diagnosis? Phosmic Was there an autopsy? Yes

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? Yes
If so, specify Phosmic
(Signed) M. J. Davis, M. D.
Illmo, Mo. (Address) 729

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

7938
Do not use this space.

1. PLACE OF DEATH
 (a) County Scott Registration District No. 1153-
 (b) Township Reles Primary Registration District No. 6061
 (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 Martha Eads
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/10/1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>86</u>	<u>1</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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)

FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..
 19. FUNERAL DIRECTOR (ADDRESS)
 20. FILED 4-21 1939 S. J. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20 1939

22. I HEREBY CERTIFY, That I attended deceased from .. to .., 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:
Chronic Myocarditis
 Date of onset
 Other contributory causes of importance:
Senility

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 G. J. Dorriss M. D.
 (Signed) Illmo
 (Address)

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

