

1939 APR 18

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

10940

Do not use this space.

1. PLACE OF DEATH

(a) County Hennepin Registration District No. 347
(b) Township Clinton Primary Registration District No. 3012
(c) City Clinton (d) Street No. Clinton General Hospital 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. Eula Irene Vestal St. Clinton (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 1896

7. AGE YEARS 42 MONTHS 7 DAYS 1 If LESS than 1 day, hrs. or min.

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) Warrensburg (STATE OR COUNTRY) Johnson Co Mo

13. NAME JA. Harclerode

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

15. MAIDEN NAME Eldith L. Welch

16. BIRTHPLACE (CITY OR TOWN) Johnson Co Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Jack Vestal
Clinton Mo R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deaton DATE 3/27/39

19. FUNERAL DIRECTOR (NAME) Consolidated (ADDRESS) Clinton Mo

20. FILED 3-27-39 Dr J B Hampton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-10-1939, to 3-25-1939

I last saw him alive on 3-25-1938. Death is said to have occurred on the date stated above, at 8:35 p.m.

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

Tuberculosis Date of onset 2-10-39

Other contributory causes of importance: Influenza 3-8-39

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
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? No
If so, specify

(Signed) Edualther, M. D.
(Address) Clinton Mo

RECEIVED

District Health Officer No. 71
District File Number 7-25-662
Date Filed 4-17-29

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.....

J. E. Consalvo

Licensed Embalmer No. 7891

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.