

REC'D JUN 20 1939

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

Do not use this space.

1. PLACE OF DEATH

54 County Lafayette 2
Township Washington 1
City 250 Mattis Elizabeth Eagan (No. 2)

Registration District No. 464
Primary Registration District No. 5626

File No. 19049
Registered No. 26
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Eagan
widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1876

7. AGE YEARS 63 MONTHS 0 DAYS 2
If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Jan 8, 1939
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm Hope mo.
Lafayette co

13. NAME Louis Stark

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

15. MAIDEN NAME Melora J Harrington

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

17. INFORMANT Blanche Campbell
(ADDRESS) Delissa mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord DATE 5-11 1939

19. UNDERTAKER Blincourt Bros
(ADDRESS) Delissa mo.

20. FILED 5-9-39 1939 Mrs E. M. Jodreau
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1939, to May 8, 1939, 1939
I last saw h. or alive on 9-19- 1938. Death is said to have occurred on the date stated above, at 9P m.

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

- 1. endocarditis Chronic
- 2. Myocarditis Chronic

Other contributory causes of importance: 92%

- 1. Senility
- 2. Hypertention.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 1939
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) E. M. Jodreau M. D.

(Address) Delissa mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-10-22-36 I X914

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6/2/39