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

Do not use this space.
28914

1. PLACE OF DEATH
County New Madrid — Registration District No. 604
Township Le Riens — Primary Registration District No. 3803
City ..... (No. ..... St. ..... Ward)

File No. 103
Registered No. .....

2. FULL NAME Dora Ray Eggset

(a) Residence, No. ..... St., ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 24 1931

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. - 20 - 1930

7. AGE — YEARS: — MONTHS: 11 DAYS: 8 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) New Madrid Co
(STATE OR COUNTRY) Mo

FATHER
13. NAME Arthur Eggset
14. BIRTHPLACE (CITY OR TOWN) Mahy Mecton Co
(STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Ida Harlier
16. BIRTHPLACE (CITY OR TOWN) Oregon Co
(STATE OR COUNTRY) Mo

17. INFORMANT Richard Eggset
(ADDRESS) Ft. Pleasant

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hope DATE Aug. 29, 1931

19. UNDERTAKER Richards and Co
(ADDRESS) New Madrid

20. FILED 8/28, 1931 W. Harrison
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1931, to Aug 18th, 1931
I last saw her alive on Aug 18th, 1931. Death is said to have occurred on the date stated above, at 3 30 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Colitis | |
| Weak | |

Other contributory causes of importance:

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 .....
(Signed) J. B. Bess, M. D.
(Address) Portageville 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.

WRITE PLAINLY WITH INKPADDING THIS IS A PERMANENT RECORD