

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

Do not use this space.

37477

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. _____
Township Fields Creek Primary Registration District No. 5490 Registered No. 108
City _____ (No.) _____ St. _____ Ward _____

2. FULL NAME

James Erastus Eversole
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Alice Eversole
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1869
7. AGE YEARS 62 MONTHS 4 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Oct 10 11. Total time (years) spent in this occupation life

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

13. NAME Leander Eversole

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

15. MAIDEN NAME Susan Paul

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W Va

17. INFORMANT (ADDRESS) Ernest Eversole

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo RR DATE 11-4 1931

19. UNDERTAKER (ADDRESS) Spore & Son

20. FILED 11/2 1931 E.C. Peeler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/2 1931
I HEREBY CERTIFY that I attended deceased from Aug 19, 1931, to Nov 2, 1931
I last saw alive on 11-1, 1931. Death is said to have occurred on the date stated above, at 6 a m.

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

Other contributory causes of importance
97 97

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) Samuel H. Pogue M.D.
(Address) Clinton 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.

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