

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.

APR 27 1932

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

Do not use this space.

8954

1. PLACE OF DEATH
50 County Jefferson Registration District No. H 70
Township Waller Primary Registration District No. 5577
City Desoto (No. _____ St. _____ Ward _____)

2. FULL NAME Enoch Evelyn Eaves
(a) Residence, No. Desoto Mo. 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 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 28 - 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
18 5 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

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) (STATE OR COUNTRY) Waver Mo.

MOTHER 13. NAME Letha E. Eaves

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

MOTHER 15. MAIDEN NAME Hannie Blackwell

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwell Sta Mo.

17. INFORMANT J. E. Eaves (ADDRESS) Desoto Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillsboro Mo. DATE 3-25 1932

19. UNDERTAKER Richardson & McWhyshead (ADDRESS) Desoto Mo.

20. FILED 5/15-32 1932 J. E. Eaves Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23 1932

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1932, to March - 23, 1932

I last saw h. u alive on March - 23, 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:
Polar Pneumonia Date of onset 3-15-32
Scarlet fever

Other contributory causes of importance: (1)

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 _____, 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? No
If so, specify Maternity
(Signed) Maternity M. D.
(Address) 401-8-3rd - Desoto Mo

