

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

Do not use this space.

21260

1. PLACE OF DEATH

County..... Registration District No. 792
 Township..... Primary Registration District No. 062
 City St. Louis (No. 55 Kingsbury Pl. St. 5 Ward) (If nonresident, give city or town and State)

2. FULL NAME

Ettie Eversole Prosser
 (a) Residence, No. 55 Kingsbury Pl. St. 5 Ward. (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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 20 - 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
 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) Caledonia Mo

13. NAME Wm. T. Eversole

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

15. MAIDEN NAME Rebekah Ann Rutledge

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

17. INFORMANT Rebekah Prosser Smith
 (ADDRESS) 55 Kingsbury Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caledonia Mo DATE 6 - 11 - 33

19. UNDERTAKER M. H. Marshall
 (ADDRESS) 604 N. Union

20. FILE NO. 59, 339 A. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1933

22. I HEREBY CERTIFY That I attended deceased from January 1928 to June 9 1933
 I last saw him alive on June 8 1933 Death is said to have occurred on the date stated above, at 3:40 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 11-28
930 930
47
 Other contributory causes of importance:
General arterio sclerosis 1923

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? no
 If so, specify Anthony B. Day, M. D.
 (Signed) Anthony B. Day, M. D.
 (Address) 1017 Beaumont

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.

