

NOV 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County MarionRegistration District No. 547Township MarionPrimary Registration District No. 3079City Hannibal (No.)St. Elizabeth Hoospital

Leroy Eston

File No. 36648Registered No. 792

St. Ward)

2. FULL NAME

(a) Residence, No. Palmyra, 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

0 yrs. 0 mos. 1 ds.

How long in U. S., if of foreign birth?

yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

Single

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

Nov. 23, 1921

7. AGE

YEARS

12

MONTHS

10

DAYS

11

If LESS than 1 day, hrs. or min.

OCCUPATION

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

School Boy

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)

Palmyra, Mo.

FATHER

13. NAME

Rufus Eston

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

Marion County Missouri

MOTHER

15. MAIDEN NAME

Fannie wiseman

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

Palmyra Missouri

17. INFORMANT (ADDRESS)

Rufus Eston Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Palmyra Cem. DATE 10/7/34 19

19. UNDERTAKER (ADDRESS)

Palmyra, Mo.

20. FILED

Oct 8 1934

[Signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Oct 3-34 19. to Oct 4-34 19.I last saw him alive on Oct 4-34 19. Death is saidto have occurred on the date stated above, at 5:p m.

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

Date of onset

Diabetic Coma

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) [Signature] M. D.(Address) 1217 Church

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.

