

MAY 17 1937

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

Do not use this space.

15610

1. PLACE OF DEATH
County Barry Registration District No. 34
Township Liberty Primary Registration District No. 5050
City (No.) St. Ward

File No. 15610
Registered No. 7

2. FULL NAME Allen Smith Eskridge
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Eskridge</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29th 1864</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>8</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>		
13. NAME <u>Lewis Eskridge</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Not Known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
17. INFORMANT <u>Anna Eskridge</u> (ADDRESS) <u>Exeter Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Concord Cem.</u> DATE <u>4-12</u> 19 <u>37</u>		
19. UNDERTAKER <u>G. A. Pogue</u> (ADDRESS) <u>Wheaton Mo.</u>		
20. FILED <u>4-13-1937</u> <u>Mrs. H. P. Searcy</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1 1937 to April 10 1937
I last saw him alive on April 10 1937. Death is said to have occurred on the date stated above, at 7-45 m.
The principal cause of death and related causes of importance were as follows:
Cardiac Failure
Tubercular Pulmonary 1917

Name of operation _____ Date of _____
What test confirmed diagnosis? Cholera 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 _____
(Signed) John R. Ellsner M. D.
(Address) Wheaton Hosp - Wheaton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

