

DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County Boone  
Township Columbia  
City Columbia (No. 1)

Registration District No. 73  
Primary Registration District No. 3006

File No. 40635  
Registered No. 248  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

William M. Eagar

(a) Residence, No. 211 West Ash St. 1 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Annie Eagar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 2 13

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

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) Missouri

13. NAME Isaac Eagar

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

15. MAIDEN NAME Dorah Ann Pulliam

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

17. INFORMANT (ADDRESS) Annie Eagar  
Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cent DATE 11-7-37

19. UNDERTAKER (ADDRESS) Parley F Co (Evans)  
Columbia Mo

20. FILED 11/6/1937 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5-1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1937, to 11-5- 1937

I last saw him alive on 11-5- 1937. Death is said

to have occurred on the date stated above, at 11:30 Am.

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

Rupture of heart  
Right auricle  
Rupture of pericardium  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 1860

Name of operation None Date of 11-5-37

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/4 1937

Where did injury occur? Columbia Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Carpenter working on a home

Manner of injury Fell 22 feet with 2 men

Nature of injury Fracture of humerus

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify Carpenter fell at work

(Signed) E. S. Kerkutt M. D.

(Address) Columbia, 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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OCCUPATION FATHER MOTHER

APR 12 1948