

REC'D MAR 14 1938

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

5045

Do not use this space.

1. PLACE OF DEATH

 (a) County Lamar Mo
 (b) Township Lamar Mo
 (c) City Lamar Mo
 (e) Length of residence in city or town where death occurred

 Registration District No. 791
 Primary Registration District No. 1003
 Homer Phillips
Registered No. 1690
 (d) Street No. 250
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Napoleon Eison
 (a) Residence, No. 1426 Papin Street St. 22
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MARRIAGE	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
	<u>Colored</u>	<u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 15th, 1878</u>		
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.		
<u>59 10 25</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Common Laborer</u>	
	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) <u>Halls Tenn</u>		
FATHER	13. NAME <u>Allen Eison</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Creacy Young</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
17. INFORMANT <u>Allen Eison</u> (ADDRESS) <u>1414 Papin St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Halls Tenn</u> DATE <u>Feb 16 - 1938</u>		
19. FUNERAL DIRECTOR <u>Jerry Dement</u> (ADDRESS) <u>2631 Wash St</u>		
20. FILED <u>FEB 16 1938</u> <u>J. B. Bradish</u> Health Registrar		

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Feb, 10th, 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....	
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at <u>10:31 P</u> m.	
The principal cause of death and related causes of importance were as follows:	
	Date of onset
<u>Coronary Occlusion</u>	
<u>arteriosclerosis</u>	
Other contributory causes of importance:	
Name of operation.....	Date of.....
What test confirmed diagnosis?.....	Was there an autopsy? <u>No</u>
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 <u>Alfred Perry</u> M-D (Signed) <u>Wesley Corcoran</u> (Address).....	

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Lorraine Boykin, Licensed Embalmer No. 2944

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E. No. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Lorraine Boykin

Licensed Embalmer No. 2944

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)