

1939

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

425593  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Callaway Registration District No. 105  
 (b) Township St. Aubert Primary Registration District No. 5154  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Frances Eastwood  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. J. Eastwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4<sup>th</sup> 1867

7. AGE YEARS 71 MONTHS 4 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or, \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County Missouri  
 13. NAME J. T. S. Hinton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County Missouri

MOTHER 15. MAIDEN NAME Sarah Francis Whyte  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Sterling Ky.

17. INFORMANT (ADDRESS) S. J. Eastwood Shakone, Mo.  
 18. BURIAL CREMATION, OR REMOVAL PLACE Middle River DATE Jan. 1st  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Glen O. Mauhin 700 Court St. Jefferson, Mo.  
 20. FILED 12/31/1939 W. H. Williamson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to Dec 30, 1938. Last saw her alive on Dec. 29, 1938. Death is said to have occurred on the date stated above, at \_\_\_\_\_ p. m.  
 The principal cause of death and related causes of importance were as follows:  
Tubercular pneumonia  
Emphysema  
Chronic nephritis  
 Date of onset Apr. 29, 1937

Other contributory causes of importance: chronic nephritis 1937

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 \_\_\_\_\_  
 (Signed) W. H. Williamson, M. D.  
 (Address) Jefferson 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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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**