

REC'D FEB 11 1939

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

1885
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 128
(b) Township _____ Primary Registration District No. 3009
(c) City Cape Girardeau (d) Street No. St. Francis Hospital Registered No. 46
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 350 Grace Eaton St. ZALMA, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WHOOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Eaton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 5 13

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.
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) Near Zalma, Mo.

FATHER 13. NAME Henry Whitehead
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Bertha Barber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Henry Whitehead
Zalma, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Balch cemetery DATE Dec 30, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray W. Morgan
Zalma, Mo.20. FILED 1-29-39 in St. Francis Hospital Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1939

22. I HEREBY CERTIFY, that I attended deceased from 1-25, 1939, to 1-29, 1939
I last saw her alive on 1/29, 1939 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Respiratory
14 M
Other contributory causes of importance:
Toxemia
Diabetes

Name of operation NONE 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) Cape Girardeau

THE BOARD OF EXAMINERS FOR THE
DIPLOMA IN EMBALMING
1700 S.W. 10th Street

STATE OF FLORIDA

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.