

REC'D JUN 20 1939

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

18465

Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218
 (b) Township Boonville Primary Registration District No. 5298
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Frances Elizabeth Eagon

(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) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. H. Eagon.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3rd 1858		
7. AGE 79	YEARS 9	MONTHS 5
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.		11. Total time (years) spent in this occupation NO
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co., Mo.		
13. NAME Henry H. Dobyns		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.		
15. MAIDEN NAME Desire Ann Unstaddt.		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.		
17. INFORMANT (ADDRESS) Wm. Eagon, Boonville, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove Cem May 10th, 1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodman & Boller, Boonville, Mo.		
20. FILED 5-8 , 19 39 W. H. Hoover Local Registrar.		

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 7th. 1939**

22. I HEREBY CERTIFY, That I attended deceased from April 25th 1938, to May 7th 1939.
 I last saw her alive on May 7th 1939. Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma Cervicis

Date of onset

Other contributory causes of importance: -

Name of operation No operat Date of _____
 What test confirmed diagnosis? _____ 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) R. L. Evans, M. D.

(Address) Boonville, Mo.
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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/8/89

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: *J. Goodman*

Licensed Embalmer No. *1178*

P. O. Address *Roswell, N*

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: