

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

Do not use this space.

15648

1. PLACE OF DEATH

5 County Barry Registration District No. 8-5-04 31
Township Roaring River #1 Primary Registration District No. 38-5-55
City (No. St. Ward)

2. FULL NAME

Maryetta Eacret
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FM. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas H Eacret
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22-1845
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 1 22

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

FATHER
13. NAME William H. Greston

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

MOTHER
15. MAIDEN NAME Beck

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

17. INFORMANT (ADDRESS) Maryetta Eacret
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Burial DATE May 19, 1933

19. UNDERTAKER (ADDRESS) W.D. Cook
Cassville, Mo.

20. FILED June 1, 1933 Emma Weddington
Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1933

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 4:00 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
131
Other contributory causes of importance:
131

Name of operation _____ Date of _____
What test confirmed diagnosis? History of case 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?
If so, specify _____
(Signed) W.D. Cook Coroner
Cassville, 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.

JUN 20 1933

LAPEL, WITH UNFADING INK--THIS IS A PERMANENT RECORD

