

MAY 14 1936

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

Do not use this space.

22817-1

## 1. PLACE OF DEATH

County Jasper  
Township Jasper  
City Jasper (No. \_\_\_\_\_)Registration District No. 574Primary Registration District No. 5222AFile No. 1935Registered No. 7

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Godlob Christian Eyerby  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Kennetha Eyerby6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1858-Nov-67. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 11 278. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

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) Jasper13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Missie16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Mrs E C Sperber18. BURIAL, CREMATION, OR REMOVAL PLACE Moniteau Cemetery DATE July 5, 193519. UNDERTAKER (ADDRESS) Charley F. Hillrich  
Jasper20. FILED July 4, 1935 Ellis E. Raibe  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 193522. I HEREBY CERTIFY, That I attended deceased from June 23, 1935, to July 3rd, 1935I last saw him alive on June 28, 1935 Death is saidto have occurred on the date stated above, at 8:25 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 1930

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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) Edgar A. Tuttle, M. D.(Address) California

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

