

NOV 25 1935

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

Do not use this space.

33401

1. PLACE OF DEATH

County Monteau  
Township Halsar  
City California (No. ....)

Registration District No. 571  
Primary Registration District No. 4335

File No. ....  
Registered No. 61  
St. .... Ward)

2. FULL NAME

(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 27-1874</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>10</u>	DAYS <u>13</u>
If LESS than 1 day, ..... hrs. or ..... min.		
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) <u>Gentry Co Mo,</u>		
13. NAME <u>Edwin E Eunis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
15. MAIDEN NAME <u>Mary Sparks</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>		
17. INFORMANT <u>Mrs T E Eunis</u> (ADDRESS) <u>California mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Penn</u> DATE <u>10/12</u> 19 <u>35</u>		
19. UNDERTAKER <u>W. H. &amp; F. R. Meyers</u> (ADDRESS) <u>California mo</u>		
20. FILED <u>10-13-1935</u> <u>H. R. Popejoy</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1935

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
I last saw him alive on Oct 12 1935. Death is said to have occurred on the date stated above, at 8 P m.  
The principal cause of death and related causes of importance were as follows:  
myocarditis  
Date of onset  
940  
Other contributory causes of importance:  
Chronic Pectoris  
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?  
If so, specify Lumberman  
(Signed) Lester W. H. H. M. D.  
(Address) .....

