

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

1 PLACE OF DEATH

County Holt
Township Liberty
or
Village
or
City

Registration District No. 372

File No.

1149

Primary Registration District No. 3079

Registered No.

183

(NO. St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Margentha Eddy

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widow

6 DATE OF BIRTH Feb 7, 1848
(Month) (Day) (Year)

7 AGE 70 yrs. 8 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Factory worker
(b) General nature of industry business or establishment in which employed (or employer) Pickle factory

9 BIRTHPLACE (City or town, State or foreign country) Ohio

PARENTS
10 NAME OF FATHER Samuel P. Frank
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) New York
12 MAIDEN NAME OF MOTHER Rebecca Blake
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. P. Eddy

(Address) Mound City Mo.

15 Filed Jan 6, 1919
J. M. Davis
Sub. - Registrar

2. MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 4, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug 24, 1918 to Jan 4, 1919, that I last saw her alive on Dec 29, 1918, and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
(Duration) 5 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Heart failure following
(Duration) 2 yrs. 6 mos. ds.

(Signed) J. M. Davis M. D.
Jan 6, 1919 (Address) Union Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Warsaw Ind. DATE OF BURIAL 191

20 UNDERTAKER W. H. Davis ADDRESS Union Mo.