

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

Do not use this space.

25565

**1. PLACE OF DEATH**

County Ray  
Township Richmond  
City Richmond (No. \_\_\_\_\_)

Registration District No. 744  
Primary Registration District No. 3035

File No. \_\_\_\_\_  
Registered No. 62  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Eva Ann Hendrix

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 - - 10

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House Duties  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Richmond  
(STATE OR COUNTRY) MO

10. NAME OF FATHER J. P. Garst

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known  
(STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER Augusta A. Gilet

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Richmond  
(STATE OR COUNTRY) MO

14. INFORMANT E. M. Hendrix  
(Address) Richmond

15. FILED July 13 1929  
REGISTRAR E. E. Lay

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11, 1929

17. I HEREBY CERTIFY, That I attended deceased from 7-1, 1929, to 7-11, 1929 that I last saw him alive on 7-11, 1929, and that death occurred, on the date stated above, at 11-15 - P - m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Intestinal obstruction  
Causes uterine  
(duration) 7 yrs. 6 mos. 7 ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) 1 yrs. 6 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED Home  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) Shoemaker, M. D.  
7-12, 1929 (Address) Richmond

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetery DATE OF BURIAL July 13 1929

20. UNDERTAKER E. H. H. H. H. ADDRESS Richmond  
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. 1929 89 66 4

