

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.

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

PLACE OF DEATH
County Jackson
Township Man 4 Registration District No. 399 File No. 4939
Village _____ Primary Registration District No. 1002 Registered No. 588
or City Kansas City (NO. 19 & State Line St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Clairborn Edwards Eaton

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED married (Write the word)

DATE OF BIRTH Sept 26, 1888
(Month) (Day) (Year)

AGE 26 yrs. 4 mos. 23 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Mo

PARENTS
NAME OF FATHER Joseph E. Eaton
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo
MAIDEN NAME OF MOTHER Elizabeth Gilvin
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 19, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from ascorner, 191 , to , 191 , that I last saw h. alive on , 191 , and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:
RR train motion
multiple injuries
run over
207M (Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) Felix Morninghoff M. D.
2/20/14 (Address) 504 1/2 St. City

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

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 3824 Hudson Road, Reader, Mo.

PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL Feb. 21, 1914

UNDERTAKER Quack, Pass & John ADDRESS 3075 Main

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. G. Eaton
(ADDRESS) 3824 Hudson Road
Wheeler
REGISTRAR

Filed FEB 21 1914 1914

