

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

Do not use this space.

8256

1. PLACE OF DEATH

County..... Clay Registration District No. 203
 Township..... Beattie Primary Registration District No. 5281
 City..... Smithville (No.) St. Ward)

2. FULL NAME

(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 20 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF Mollie Roberts Eaton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-17-1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	74	6	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employee) Retired 15 yrs
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clay Co. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Abijah Eaton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clay Co. Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Letitia Wynn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clinton Co. Mo.
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Mollie Eaton
 (Address) Smithville Mo.

15. FILED 4/12 1928 E. C. Hill
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH; DAY AND YEAR) 3-14-1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1928, to Mar 14, 1928, that I last saw him alive on Mar 14, 1928, and that death occurred, on the date stated above, at 3:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

uramic Poison
 (duration) yrs. mos. ds.
 CONTRIBUTORY Bright disease
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 127 B
 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? general
 (Signed) E. C. Hill M. D.
8/14 1928 (Address) Smithville Mo

*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 J. A. C. F. Cem. Smithville, Mo. DATE OF BURIAL 3-16-1928

20. UNDERTAKER McDonnas Hudt, Co. ADDRESS Smithville 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. 1928

PERMANENT RECORD

