MAY 2 1929

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

Do not use this space.

12053

1. PLACE OF DEATH
County St Francois
Township St Francois
City ~~Farmington~~ (No. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. .....
Registered No. 51

2. FULL NAME M S Eaton

(a) Residence. No. Farmington Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1½ 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Eaton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 1851

7. AGE: 77 YEARS | MONTHS: 8 | DAYS: 3 | If LESS than 1 day, ... hrs. or ..... min.

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 employer) Farmer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

PARENTS
10. NAME OF FATHER Samuel Eaton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Ann Bruce
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

14. INFORMANT Mary Halsey
(Address) Farmington Mo

15. FILED 3-19-29 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1928, to Mar 18, 1929, that I last saw him alive on March 18, 1929, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Arteriosclerosis
Chronic Interstitial Nephritis
Chronic Prostatitis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1290 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Same
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

8/19 (Signed) Kopplberg, M. D
, 1929 (Address) Farmington 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: Mitchell Cemetery near Leadwood
DATE OF BURIAL: Mch 20 1929

20. UNDERTAKER: J. S. Boyer
ADDRESS: Leadwood Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.