MAY 26 1930

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

Do not use this space.

File No. 12386

Registered No. 7

1. PLACE OF DEATH

County: Harrison — Registration District No. 341

Township: — Primary Registration District No. 4204

City: Ridgeway (No. ....., ... St. ..... Ward)

2. FULL NAME Ellen Eaton

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Eaton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19, 1846

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83	9	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) Cinncinati
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Robert Dillon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. J. T. Bartlettt
(Address) Ridgeway, Mo.

15. FILED 4/7, 1930 Lela Brewer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 1930 1930

17. I HEREBY CERTIFY, That I attended deceased from March 31, 1930, to April 6, 1930, that I last saw her alive on April 6, 1930, and that death occurred, on the date stated above, at 2:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypostatic Pneumonia
186A
111B
(duration) ✓ yrs. ✓ mos. 4 ds.

CONTRIBUTORY (SECONDARY) a fall.
(duration) ✓ yrs. ✓ mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED ✓
IF NOT AT PLACE OF DEATH ✓
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Examination

(Signed) Jas. H. Marrow M. D.
4/6, 1930 (Address) Ridgeway 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	DATE OF BURIAL
Ridgeway Cemetery	4/7/1930

20. UNDERTAKER	ADDRESS
O'P¾ Ragan	Ridgeway 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.