

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

Do not use this space.

28928

1. PLACE OF DEATH

County Deming
Township Washington
City (No.)

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 191
St. Ward)

2. FULL NAME

John Eaton

(a) Residence No. State Hosp #3 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DK. 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78

8. OCCUPATION OF DECEASED

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER Wm Eaton

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

12. MAIDEN NAME OF MOTHER Martha Spear

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

14. INFORMANT State Hosp Record
(Address) Neada Mo

15. FILED 9/6/30 1930 E. P. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 1930

17. I HEREBY CERTIFY, That I attended deceased from July 20 1930 to Aug 11 1930 that I last saw him live on Aug 11 1930 and that death occurred, on the date stated above at 8:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Central Hemorrhage (duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) unknown yrs. unknown mos. unknown 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? clinical
(Signed) E H Cron M. D.

8-11-1930 (Address) Neada 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

Cleaver Mo 8/13/1930

20. UNDERTAKER ADDRESS

Geny Funeral Home Nevada

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.

... WITH UNFADING INK---THIS IS A PERMANENT RECORD...

