

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Raw Primary Registration District No. _____
 City St. Joe (No. 3519 Hoodland) St. _____ Ward _____
 File No. 123566
 Registered No. _____

2. FULL NAME

Edwin G. Eaton
 (a) Residence. No. Curran Hotel 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 Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 2 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69. 4 3

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Printer
 (b) General nature of industry, business, or establishment in which employed (or employer) W. P. Kunkling & Co.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Alton
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Edwin Eaton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) No record
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No record
 (STATE OR COUNTRY)

14. INFORMANT W. H. Eaton
 (Address) 5237 Waverly

15. FILED Jan 6 1931 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 30 to Jan 5, 1931, that I last saw him alive on Jan 4, 1931, and that death occurred, on the date stated above, at 9 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bilateral Coronary Sclerosis with Occlusion of Left Coronary artery
 (duration) 4 yrs. 0 mos. 0 ds.
 CONTRIBUTORY (SECONDARY) Dilatation of Heart with Pulmonary Infarcts
 (duration) 2 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED? Disease of long standing
 IF NOT AT PLACE OF DEATH. No

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Madore Anderson M. D.

16 .1931 (Address) 1317 Rialto Bldg.

*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 Forest Hill DATE OF BURIAL Jan 7 1931

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K. C. 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.

1831 - 0-35
75 - 12-20
1856 - 0-15