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.

AUG 22 1932

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

Do not use this space.

22188

File No.

Registered No. 166

1. PLACE OF DEATH

16 County Cape Girardeau, Mo. Registration District No. 125

Township " Primary Registration District No. 5178

City " " (No. R.F.D. #3 St. Ward)

2. FULL NAME Mrs. Alice Lucille Eaton

(a) Residence, No. R.F.D. #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 Female

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 Mr. Ollie Eaton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3. 1902

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
30	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah Ky. 2

FATHER

13. NAME George Johnston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Lucille Lentz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mr. Ollie Eaton R.F.D. #3

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hobbs Chapel DATE July 8, 1932

19. UNDERTAKER (ADDRESS) Al Brintoff 536 Broadway

20. FILED 7/7 1932 W C Kampfer (Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1932 to July 7, 1932

I last saw her alive on July 2, 1932. Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary T.B. about 2 yrs ago

Date of onset

Other contributory causes of importance: (1)

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W A Schoen, M. D.

(Address) Cape Girardeau Mo