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.

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

Do not use this space.

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1. PLACE OF DEATH

County Osage — Registration District No. 640 — File No. 40931

Township Crawford — Primary Registration District No. 5849 — Registered No. 27

City Hope (No. ..... St. ..... Ward)

2. FULL NAME Nathan L. Eads

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

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 Male — 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 Mary Eads

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15th 1866

7. AGE — YEARS 66 — MONTHS 4 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1930 — 11. Total time (years) spent in this occupation Always

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hope Mo

FATHER

13. NAME Moses Eads

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 31

MOTHER

15. MAIDEN NAME — Wolfe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Charley Eads Hope Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hope Mo. DATE Dec 22 1932

19. UNDERTAKER (ADDRESS) Eaton Pewitt Chamois Mo

20. FILED Dec 21 1932 Mrs Don Jett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1932, to Dec 20, 1932

I last saw him alive on Dec. 20th, 1932 Death is said to have occurred on the date stated above, at 1 P.m.

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

	Date of onset
Bronchial Pneumonia	Dec 18
107A	
106B	

Other contributory causes of importance:

Chronic Bronchitis	about 10 years

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Symptoms 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?

If so, specify

(Signed) E. G. Rhodius, M. D.

(Address) Bay, Mo.