

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

Do not use this space.

8145

**1. PLACE OF DEATH**

County Saline Registration District No. 801  
Township Liberty Primary Registration District No. 6045  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME**

Orlando Erastus 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 17 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) Widower  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1861  
7. AGE YEARS 72 MONTHS 0 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. Teller of bank  
10. Date deceased last worked at this occupation (month and year) Dec 17 32 11. Total time (years) spent in this occupation 13 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo

13. NAME James Eaton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo

15. MAIDEN NAME Jennie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Ralph Eaton (ADDRESS) Sweet Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park DATE Feb 19 1933

19. UNDERTAKER J. C. Carter (ADDRESS) Sweet Springs Mo

20. FILED Feb 18 1933 A. H. Ringen Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1933

22. I HEREBY CERTIFY that I attended deceased from Feb 9 1933 to Feb 17 1933

I last saw him alive on Feb 17 1933 Death is said to have occurred on the date stated above, at 2:40 P.M.

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

Chronic Interstitial Nephritis Date of onset 1918

Other contributory causes of importance: Broncho pneumonia Feb 12 1933

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Urinalysis as there an autopsy? no

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) A. H. Ringen, M. D.

(Address) Sweet Springs, Mo.

WHITE PAIN, 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.

