

**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. 399
Township Kew Primary Registration District No. 1002
City Kansas City (No. St. Joseph Hospital)

File No. 19869
Registered No. 2584 Ward

2. FULL NAME Mrs. Cecilia Eynatten

(a) Residence, No. 3740 Bellefontaine St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe.</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. J. Eynatten</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28th, 1888</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>10</u>	DAYS <u>22</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>
	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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER | 13. NAME Jno. R. Whalen

FATHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Mary Cuddey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT H. J. Eynatten
(ADDRESS) 3740 Bellefontaine

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chillicothe Ill. DATE 6/21/33 19. _____

19. UNDERTAKER W. F. Hayberry
(ADDRESS) City

20. FILED 6-21-33 M. M. O'Connell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21st, 1933

22. I HEREBY CERTIFY That I attended deceased from June 20, 1933 to June 21, 1933
I last saw him alive on June 21, 1933 Death is said to have occurred on the date stated above, at 1:45 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic nephritis for 3 mos
General Hemorrhage Date of onset 6-20-33
Other contributory causes of importance: Hypertension

Name of operation no Date of _____
What test confirmed diagnosis? Urinal Was 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) Lough Jones M. D.
(Address) Kansas City, 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.

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Dr. Henry Z. ...
New York City