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

Do not use this space.

29704

File No. 3628

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 389

Township Kaw — Primary Registration District No. 1005

City Kansas City, (No. St. Joseph Hospital St. Ward)

2. FULL NAME Mildred Mae Eaker

(a) Residence, No. Denver Colo. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eaker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 25, 1897

7. AGE: Years 35 — Months 8 — Days 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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): St. Johnsville N.Y.

FATHER

13. NAME: Dewitt E. Eaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York State

MOTHER

15. MAIDEN NAME: Minnie Crouse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Y.

17. INFORMANT (ADDRESS): Brother

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johnesville, N.Y. DATE Sept. 12, 1933

19. UNDERTAKER (ADDRESS): Lapeting Mortuary K. C. Mo.

20. FILED 10/19 1933 M. M. Crouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1933, to Sept 11, 1933. I last saw him alive on Sept 11, 1933. Death is said to have occurred on the date stated above, at 5:15 p.m.

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

Cardio-Vascular-Renal disease — Pneumonia (Lobar) — Date of onset

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Other contributory causes of importance:

Name of operation ..... Date of ..... What test confirmed diagnosis? ..... 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? .....
If so, specify .....

(Signed) Peter F. De Maria, M. D.
(Address) 405 Walsh Bldg. K.C. Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 20 1933