

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.

140

1. PLACE OF DEATH

County Boone
Township Centralia
City Centralia (No. _____)

Registration District No. 72
Primary Registration District No. 4041

File No. _____
Registered No. 5-
St. _____ Ward _____

2. FULL NAME

James Frank 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 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 Widowed (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30th 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>43</u>	<u>6</u>	<u>16</u>	

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

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) Centralia Mo

13. NAME John Frank Eaton

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

15. MAIDEN NAME Lena Speed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Mo

17. INFORMANT (ADDRESS) Mrs. E. P. Davenport

18. BURIAL, CREMATION, OR REMOVAL Centralia Mo DATE Jan 17 1934

19. UNDERTAKER (ADDRESS) Chas. McDonald

20. FILED 1/16 1934 J. S. Hurren Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1933 to Jan 15 1934

I last saw him alive on Jan 15 1934. Death is said to have occurred on the date stated above, at 10:35 m.

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

Influenza
Asphyxial Pneumonia
Cardiac insufficiency

Date of onset
Jan 11
11 15
Jan 11

Other contributory causes of importance
Bronchial asthma 1 1/2 years

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? _____
If so, specify _____

(Signed) Frank W. Baucus M.D.
(Address) Centralia, Mo.

MAY 2 1952

MAY 9 1952