

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

Do not use this space.

SEP 20 1934

29302

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kansas City

Registration District No. 399
 Primary Registration District No. 3008
 (No. 5601 Virginia)

File No. 3719
 Registered No. 3719
 St. _____ Ward _____

2. FULL NAME Mrs. Anette Eaton

(a) Residence, No. 5601 Virginia 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 11 8

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

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) Nebraska

13. NAME Siras Whitiker

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

15. MAIDEN NAME No record

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

17. INFORMANT Mrs. Kathryn Eaton
 (ADDRESS) 5601 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem DATE Aug 12 1934

19. UNDERTAKER Quirk & Tobin Co.
 (ADDRESS) 20 West Linwood

20. FILED 8-10 1934 M. M. Crowe
 Registrar

6 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1934 .19

22. I HEREBY CERTIFY, That I attended deceased from July 26 1934 to Aug 9 1934
 I last saw h. alive on Aug 9th 19..... Death is said to have occurred on the date stated above, at 8 P m.

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

Starvation due to Date of onset
Medicinal Carcinoma
pressure on the
oesophagus 1911
 Other contributory causes of importance: 305
Carcinoma of Liver
Carcinoma of Kidneys
Heart Exhaustion

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

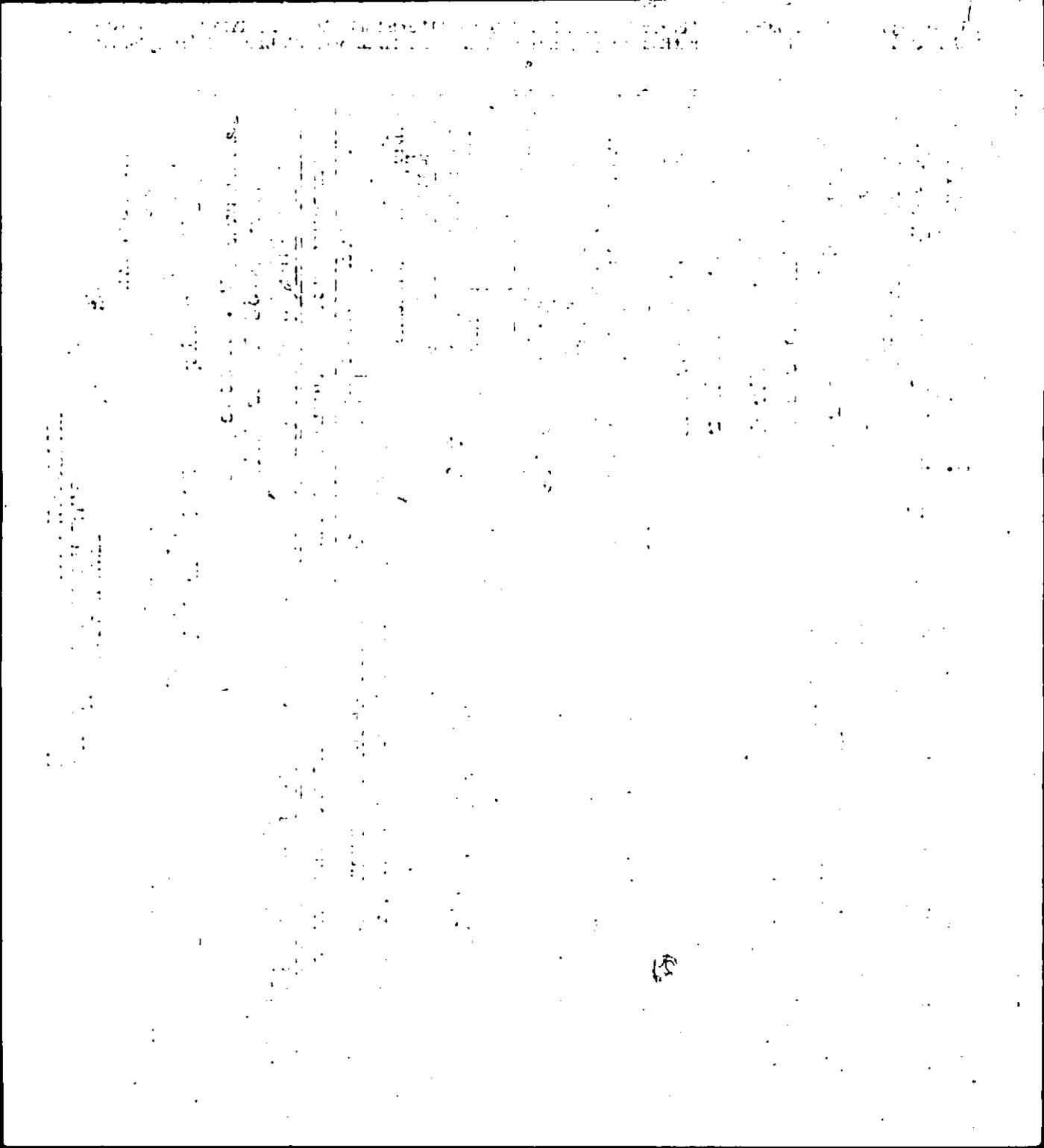
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19.....
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify Pro
 (Signed) Madore Anderson, M. D.
 (Address) 1317 Rialto Bldg

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.

2035-2



Kansas City

WASHINGTON

3719

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Anette Eaton*

Who died at _____ on *Aug 9 - 1934*

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex *F* Color or race *W* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years *60* Months *11* Days *8*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Placation due to metastasizing Carcinoma

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) *pressure on esophagus*

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: *Carcinoma of Breast (Primary)*

Carcinoma Liver, and Hodgkin's

Other contributory causes of importance *Heart Irritation*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician *Dr. Isadore Anderson*

Address of physician *1318 Ketter Bldg*

Signature of Registrar *Isadore Anderson* Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. _____

Very truly yours,

Primary Reg. Dist. No. _____

E. T. McLaugh M.D.

Special Agent.

S-29303