

DEC 28 1935

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

Do not use this space.
15407-4

1. PLACE OF DEATH

County Wayne Registration District No. 890
Township St. Francis Primary Registration District No. 403-4
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Asakell Eaton

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Lama Eaton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 23-1871</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>5</u>
	DAYS <u>11</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer.</u>	
	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) <u>Point Michigan</u>		
FATHER	13. NAME <u>Albert Eaton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>unknown.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <u>Harman Eaton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenville</u> DATE <u>4-5-35</u>		
19. UNDERTAKER (ADDRESS) <u>C.A. Howell</u> <u>Greenville Mo #3670</u>		
20. FILED <u>4/4</u> 19 <u>35</u> <u>A-S-Sampson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4-35

22. I HEREBY CERTIFY, That I attended deceased from 4-3-35 to 4-4-35
I last saw him alive on 4-3-1935 Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:
Obstruction of small intestine Date of onset _____

Other contributory causes of importance:
None

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) Geo F Wagner, M. D.
(Address) Greenville 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.

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