

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

Do not use this space. *X*

23336

**1. PLACE OF DEATH**

County Holston Registration District No. 427  
 Township Madison Primary Registration District No. 4253  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Garnett Gene Eagleson

(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. 3 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 19 - 1936</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>2</u>	<u>29</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) Holston, Missouri  
 (STATE OR COUNTRY)

FATHER 13. NAME R. H. Eagleson

14. BIRTHPLACE (CITY OR TOWN) Holston, Missouri  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lucile Neal

16. BIRTHPLACE (CITY OR TOWN) Holston, Missouri  
 (STATE OR COUNTRY)

17. INFORMANT R. H. Eagleson  
 (ADDRESS) Holston Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Not Liberty Cemetery DATE June 20, 1936

19. UNDERTAKER J. H. Goldman  
 (ADDRESS) Holston Mo

20. FILED June 20, 1936 Mrs. H. U. Redford  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1936

22. I HEREBY CERTIFY That I attended deceased from June 19, 1936 to June 19, 1936.  
 I last saw him alive on June 19, 1936. Death is said to have occurred on the date stated above, at 6:00 P. m.  
 The principal cause of death and related causes of importance were as follows:

By suffocation

Other contributory causes of importance:

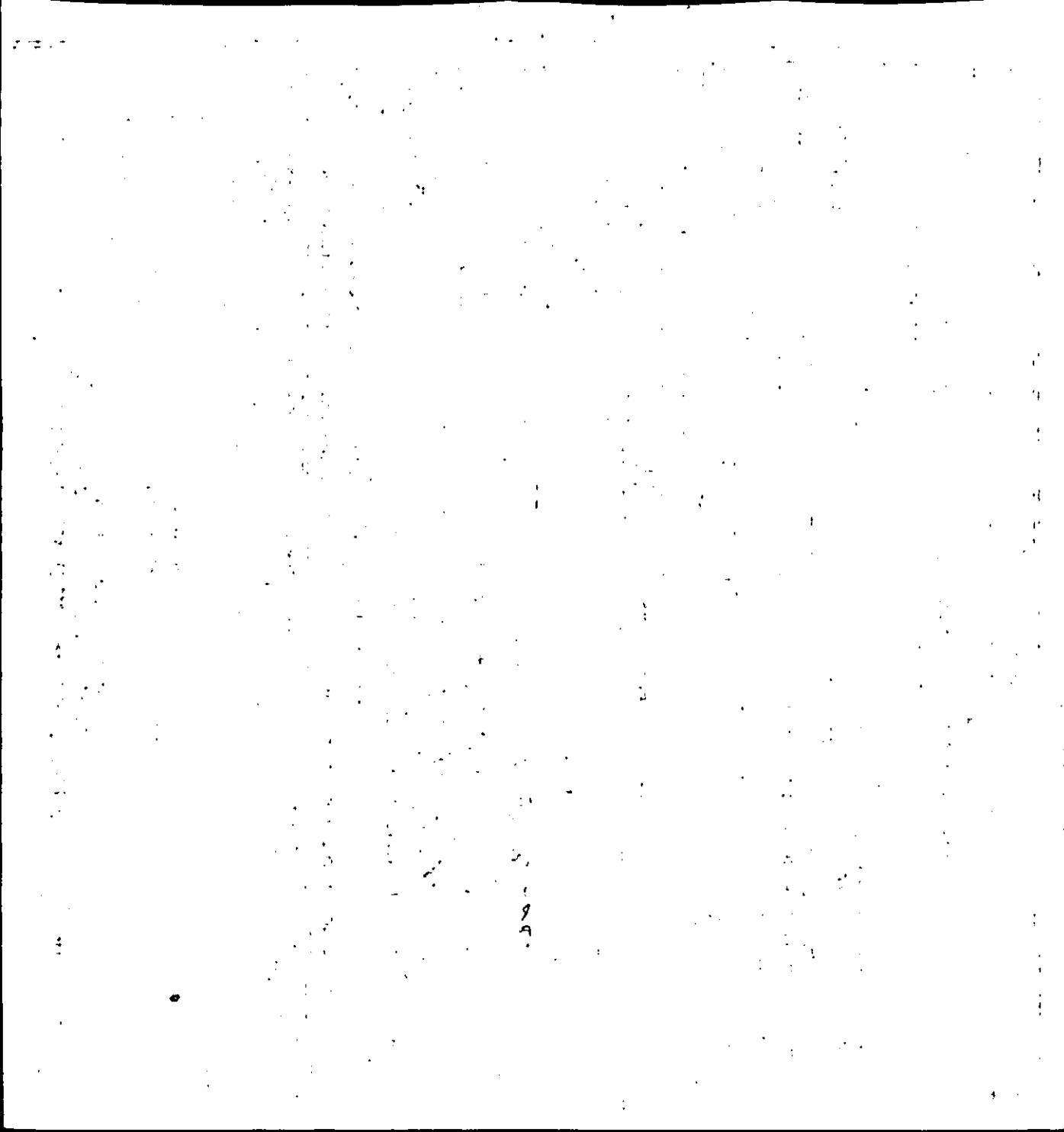
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Ernest Thompson, M. D.  
 (Address) Holston Mo



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

Do not use this space.

**1. PLACE OF DEATH**

County Johnson  
Township                       
City                      (No.                     )

Registration District No. 427  
Primary Registration District No. 4253

File No. 23336  
Registered No.                       
St.                      Ward)                     

**2. FULL NAME**

Barnett Paul Eagleson

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. -19-1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>                    </u>	<u>                    </u>	<u>2</u>	<u>29</u>	<u>                    </u>

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

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

13. NAME                     

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

15. MAIDEN NAME                     

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

17. INFORMANT (ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL PLACE                      DATE                     , 19                    

19. UNDERTAKER (ADDRESS)                     

20. FILED June 20 1936 Mr. G. V. Redford Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 19 - 1936

22. I HEREBY CERTIFY That I attended deceased from                     , 19                    , to                     , 19                    

I last saw h.                      alive on                     , 19                    . Death is said to have occurred on the date stated above, at                      m.

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

By suffocation  
Body was smothered when it became entangled in bed clothes

Date of onset                     

Other contributory causes of importance:                     

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) Emery Thompson M. D.  
(Address) Spalden, Mo.

S-23336

RECEIVED