FEB 9 1937

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

Do not use this space.

File No. 7955

Registered No.

1. PLACE OF DEATH
County: St. Francois
Township:
City: Caledonia (No. , St. Ward)
Registration District No. 779
Primary Registration District No. 6824

2. FULL NAME: Laura Alice 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 2, 1864

7. AGE: Years 72 | Months 8 | Days 30 | 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.: Care of 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): Washington Co.

FATHER
13. NAME: J. C. Forsche
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Nancy Weakley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Matt Eaton, Caledonia

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Russel Chapel DATE: Feb 5, 1937

19. UNDERTAKER (ADDRESS): C. L. Bayer, Desloge Mo

20. FILED 2-9, 1937 W. T. Blackburn, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 3, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1937, to 2-3, 1937
I last saw her alive on 2-2, 1937. Death is said to have occurred on the date stated above, at 2:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	7/31/37

59

Other contributory causes of importance:
Diabetes mellitus
Arteriosclerosis
hypertension

Name of operation: None Date of: no
What test confirmed diagnosis: Clinical 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? no
If so, specify
(Signed) Harold C. Goehl, M. D.
(Address) Desloge 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.