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.

REC'D NOV 14 1938

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

Do not use this space.

1. PLACE OF DEATH

40 County Grundy — Registration District No. 328 — File No. 35779

Township Trenton — Primary Registration District No. 3017 — Registered No.

4 City Trenton (No. , St. Ward)

329

2. FULL NAME Bert Edmond Eades

(a) Residence, No. 1309 East 9th St., 4th Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Theo Eades

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17-1883

7. AGE: YEARS 55 — MONTHS 3 — DAYS 4 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railway Trainman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C R I & P Railway
10. Date deceased last worked at this occupation (month and year): Oct 17-1938
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Winston Missouri

FATHER

13. NAME: Bob Eades
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Lydia Ware
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs Bert Eades, 1309 East 9th, Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Winston, Mo DATE: Oct 23 1938

19. UNDERTAKER (ADDRESS): Hemley Funeral Home, Trenton, Missouri

20. FILED: 10-22 1938 Irene D Fair, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1938, to Oct 21, 1938

I last saw him alive on Oct. 20, 1938. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

	Date of onset
Mitral Insufficiency (acute break in compensation) The heart disease was of a few years standing	Oct 18 '38

Other contributory causes of importance: 92%

Name of operation: none — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

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) C H Cullers, M. D.

300 (Address) Trenton Mo

OCT - 4 1946