REC'D APR 17 1939

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

Do not use this space.

9607

File No. 1213

Registered No.

1. PLACE OF DEATH

County Jackson 2 Registration District No. 399

Township Raw 1 Primary Registration District No. 1002

City Kansas City (No. 4317 East 27 St. St. Ward) 350

2. FULL NAME Henry King Eaton

(a) Residence, No. 4317 East 27 St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	8	11	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. operator for Bay State Land Co.

10. Date deceased last worked at this occupation (month and year) August, 1936

11. Total time (years) spent in this occupation 15

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

FATHER

13. NAME Thomas A. Eaton

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

MOTHER

15. MAIDEN NAME Joanna Webster

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

17. INFORMANT Mrs. Nellie B. Eaton
(ADDRESS) 4317 East 27 St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope, K.C.K. DATE 3/21/39, 19

19. UNDERTAKER Geo. H. Long
(ADDRESS) ~~Kansas City, Kansas~~

20. FILED Mch 20, 1939 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mch. 16, 1939, to Mch. 19, 1939.

I last saw him alive on Mch. 18, 1939. Death is said to have occurred on the date stated above, at 5:45 A.M.

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

	Date of onset
Coh. Cardiac Vascular Dis	
Generalized Arteriosclerosis	
Cardiac Insufficiency	
9513	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) M. D.

(Address)

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.

WRITE PLAINLY WITH INK. THIS FORM MUST NOT BE FOLDED

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