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.

DEC 13 1934

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

Do not use this space.

1. PLACE OF DEATH

24 2 4

County Clay — Registration District No. 198 — File No. 38844

Township ~~Fishing River~~ — Primary Registration District No. 30 11 — Registered No.

City Excelsior Springs, Mo. (No. Veterans' Adm. Facility St. 3d Ward)

2. FULL NAME Prindo Eaves

(a) Residence, No. VAF, Excelsior Springs, Mo. St., Ward. Kansas City, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 22 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	Colored	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE of~~ Jodie Eaves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
53	10	11	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) XX — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Earlington, Kentucky

FATHER

13. NAME Sam Eaves

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

MOTHER

15. MAIDEN NAME Lizzie (Maiden Name unknown)

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

17. INFORMANT Records of V.A/Facility
(ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty, Mo. DATE 11-5-34 19

19. UNDERTAKER Herbert Hope
(ADDRESS) Excelsior Springs, Mo.

20. FILED 11-5- 1934 Mrs. Rea McCracken
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1934, 19, to Nov. 4, 1934, 19
I last saw him alive on Nov. 4, 1934, 19 Death is said to have occurred on the date stated above, at 8:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Stenosis and Insufficiency	
Mitral Stenosis and Insufficiency	
121	
9FH	
[illegible]	
Other contributory causes of importance:	
Chronic diffuse Nephritis	
Pulmonary Infarct	

121

Name of operation -- Date of

What test confirmed diagnosis? Exam. & Obs. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? XX Date of injury XX, 19
Where did injury occur? XX (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
XX
Manner of injury XX
Nature of injury XX

24. Was disease or injury in any way related to occupation of deceased? XX
If so, specify

(Signed) H. C. HARDEGREE, M. D.
(Address) VAF., Excelsior Springs, Mo.