

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

Do not use this space.

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1929
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1. PLACE OF DEATH
County Bollinger Registration District No. 67
Township Taras Primary Registration District No. 3702c
City Lutesville (No.) St. Ward (....)

2. FULL NAME Morris Wesley Eaker
(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 Male 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 Lucy Eaker
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26 1881
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 10 6 — — —

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lutesville Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Wesley Eaker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lutesville
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Shell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lutesville Mo
(STATE OR COUNTRY)

14. INFORMANT Lucy Eaker
(Address) Lutesville

15. FILED 2-2- 1929 W. J. Baker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 1 1929
17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1929, to 2-1, 1929, that I last saw him alive on 2-1, 1929, and that death occurred, on the date stated above, at 12-30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Pneumo-Pneumonia
IIA
107A
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
8/11/28
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS,
(Signed) W. J. Baker M. D.
, 19 (Address) Marble Hill Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Shell DATE OF BURIAL Feb 3 1929

20. UNDERTAKER W. J. Baker 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.

DEPARTMENT RECORD

