

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

Do not use this space.

32050

**1. PLACE OF DEATH**

County..... Registration District No. 781  
Township..... Primary Registration District No. 1405  
City St. Louis Mo. (No. Mo. Baptist Hospital)

File No. 9082  
Registered No. 9082  
St. .... Ward)

**2. FULL NAME** Sellina Eaton

(a) Residence. No. 914 Goodfellow St. 5 Ward. ....

(Usual place of abode) Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 John H. Eaton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 14/1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	57	5	23	

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

9. BIRTHPLACE (CITY OR TOWN) Durham  
(STATE OR COUNTRY) England

10. NAME OF FATHER George Dickinson

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

12. MAIDEN NAME OF MOTHER Mary Palithorpe

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

14. INFORMANT John H. Eaton  
(Address) 914 Goodfellow

15. FILED SEP 11 1929 Wm C. Stanley REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 7 1929 to Sept. 7 1929 that I last saw her alive on Sept 7 1929 and that death occurred, on the date stated above, at II:45 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Extensive Carcinoma of Back  
151A  
93A

(duration) yrs. mos. ds. 70  
CONTRIBUTORY Acute Septic Myocarditis  
(SECONDARY)

(duration) yrs. mos. ds. 7

18. WHEREAS DISEASE CONTRACTED 152A  
IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 7, 1929  
WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS Operation  
(Signed) Walter C. Kirschner, M. D.

Sept 9, 1929 (Address) 508 N. Grand Blvd.

\*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 Coulterville Ill. DATE OF BURIAL Sept. II, 1929

20. UNDERTAKER Chas. Weinberg Und ADDRESS DuQuoin Ill.

