

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

Do not use this space.

32976

**1. PLACE OF DEATH**

County Wayne  
Township Lagans  
City (No. ....) (St. ....) (Ward ..)

Registration District No. 65  
Primary Registration District No. 6192

File No. 8  
Registered No. ....

**2. FULL NAME**

Mary Matilda Eaton

(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 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 P. A. Eaton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/13/1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
62 11 0

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

9. BIRTHPLACE (CITY OR TOWN) Pennsylvania  
(STATE OR COUNTRY)

10. NAME OF FATHER John F. Barch

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

12. MAIDEN NAME OF MOTHER Carolina Metzger

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

14. INFORMANT P. A. Eaton  
(Address) Piedmont Mo.

15. FILED 1/24 1931 Mrs. T. M. Polk  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/13 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 20 1931, to Nov 13 1931, that I last saw her alive on Nov 4, 1931, and that death occurred, on the date stated above, at 3/23 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Gall Stones

176 / 12 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

9 DID AN OPERATION PRECEDE DEATH? ✓ DATE OF .....

19. WAS THERE AN AUTOPSY? ✓

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam  
(Signed) T. B. Piles, M. D.

, 19 (Address) Piedmont 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 Eaton Penn. DATE OF BURIAL 11/13 1931

20. UNDERTAKER Neighbors ADDRESS Piedmont Mo.

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 26 1931

