

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1329

1. PLACE OF DEATH
 48 County Jackson Registration District No. 399
 10 Township Kaw Primary Registration District No. 1002
 9 City Kansas City (No. 1818 Norton) St. 12 Ward
 2. FULL NAME Clyde L. Eager
 (a) Residence, No. 1818 Norton St. 12 Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 36 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 Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vivian Eager
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 25, 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 1 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa,
 13. NAME John P. Eager
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa
 15. MAIDEN NAME Sarah L. Hildebrand
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) pa.
 17. INFORMANT Mrs Vivian Eager (ADDRESS) 1818 Norton
 18. BURIAL, CREMATION, OR REMOVAL PLACE lit Hope K. C. Hall DATE Dec 5 1933
 19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 W. Linwood
 20. FILED 1-5 1933 M. M. Crowe asst. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1933 1933
 22. I HEREBY CERTIFY, That I attended deceased from on Jan 4, 1933, to , 1933.
 I last saw him alive on Jan 4, 1932. Death is said to have occurred on the date stated above, at 12:05 P. M.
 The principal cause of death and related causes of importance were as follows:
93C
95B
Cardiac dilatation (acute)
Chronic myocarditis
 Other contributory causes of importance ABC
 Name of operation none Date of
 What test confirmed diagnosis? none Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) A. Greenlee, M. D.
 (Address) 402 West Main Bldg

Dr. J. J. ... with man ...

Jan 19 ...