

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

Do not use this space.  
**26638**

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township R. 1 East Primary Registration District No. 1002  
 City St. Louis (No. 1002) Mercy Hosp. St. \_\_\_\_\_ (Ward)

2. FULL NAME Harry Eads  
 (a) Residence. No. 826 So 13th St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) K.C. (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 \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29-33  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
3 6

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer) Infant  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Kans.

10. NAME OF FATHER Harry Eads  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) K.C. Kans.  
 12. MAIDEN NAME OF MOTHER Eva Deeringer  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pleasanton Kans.

14. INFORMANT Harry Eads  
 (Address) 826 So 13th K.C.

15. FILED 8/25/33 M.M. Crowe  
cash REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-25 1933  
 17. I HEREBY CERTIFY, That I attended deceased from 8-23-33 1933, to 8-25-33 1933, that I last saw h. e. alive on 8-25-33 and that death occurred, on the date stated above, at 1:10 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Wearmouth  
Gastroenteritis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) 1190  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) H. L. Dwyer, M. D.  
 Address Mercy Hosp.  
 , 1933  
 \*State the DISEASE CAUSING DEATH, or incident (or incidents) CAUSING DEATH, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Hill DATE OF BURIAL 8-26 1933

20. UNDERTAKER Simmons ADDRESS K.C.

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.

SEP 26 1933

PARENTS

