

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.

FEB 25 1937

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

Do not use this space.

1482

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City (No. Trinity Lutheran Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 7
Registered No. 1003
St. Ward

2. FULL NAME Miss Georgia Eaton

(a) Residence, No. 4641 Fairmount 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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 15 1891</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>0</u>
	DAYS <u>0</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>auditor + Book</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Super 251</u>	
	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) <u>Clay Co Missouri</u>		
FATHER	13. NAME <u>Walter S Eaton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay Co Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Lucy Blackmore</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay Co Missouri</u>	
17. INFORMANT <u>Mrs Lucy Eaton</u> (ADDRESS) <u>4641 Fairmount</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty Cemetery</u> DATE <u>Jan 18 1937</u>		
19. UNDERTAKER <u>Wagner Funeral Home</u> (ADDRESS) <u>2024 N. Fairmount</u>		
20. FILED <u>Jan 18 1937</u> <u>M. M. Cronin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1937

22. I HEREBY CERTIFY, that I attended deceased from Jan. 9 1937 to Jan. 15 1937
I last saw her... alive on Jan 15 1937. Death is said to have occurred on the date stated above, at 6:22 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (Right lower lobe) Date of onset 1-8-37

Other contributory causes of importance:
Streptococcus Widow's Septicemia 1-14-37

Name of operation None Date of None
What test confirmed diagnosis? Chau Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 19...
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Eugene H. Treussart, M. D.
(Address) 933 Prof of Bldg

Dr. James H. Johnson
Post Office, Va 1820
2-4