

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Wagoner* City *Ellington*

Registration District No. *144*  
Primary Registration District No. *5217*

File No. *33901*  
Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*John Wesley Eaton*

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred *74* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 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 *Frona Eaton*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 13 1863*

7. AGE YEARS *74* MONTHS *2* DAYS *8* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*  
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) *Missouri*

13. NAME *unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

15. MAIDEN NAME *unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT (ADDRESS) *Ray Walker*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Carson Hill* DATE *Sept 22 1937*

19. UNDERTAKER (ADDRESS) *Will Fish*

20. FILED *Oct 8 1937* *Pearl Brooks* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 21 1937*

22. I HEREBY CERTIFY, that I attended deceased from *Sept 3rd 1937* to *Sept 21st 1937*  
I last saw *him* alive on *Sept 3rd 1937* Death is said to have occurred on the date stated above, at *8:00 A.M.*  
The principal cause of death and related causes of importance were as follows:

*mitral Stenosis*  
*ADP*

Other contributory causes of importance: *Pulmonary Congestion 9-14-37*

Name of operation *none* Date of \_\_\_\_\_  
What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *None* Date of injury *8-16 1937*  
Where did injury occur? *none* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *none*  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify \_\_\_\_\_  
(Signed) *Elijah G. Solley* M. D.  
(Address) *Route 101 Ellington Mo.*

Exact statement of OCCUPATION is very important.

APR 66 1043