

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.

RECD JUL 15 1939

22193

1. PLACE OF DEATH

39 County Greene
 Township Walnut Grove
 City Walnut Grove

Registration District No. 295
 Primary Registration District No. 5457

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME William Patrick Eaves

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lola Pool</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June - 3 - 1867</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>9</u>
	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>	11. Total time (years) spent in this occupation <u>0</u>
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pack County - Missouri</u>		
FATHER	13. NAME <u>James Eaves</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Violeta Hamilton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Lola Pool, Walnut Grove</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rosehill cemetery 6/8</u> DATE <u>1939</u>		
19. UNDERTAKER (ADDRESS) <u>Green Funeral Service, Walnut Grove, Mo</u>		
20. FILED <u>6-8</u> 19 <u>39</u> <u>Etta B. Wilshire</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 7 - 1939

22. I HEREBY CERTIFY, that I attended deceased from June - 7 - 1939, to June - 7 - 1939. I last saw him alive on June 4 - 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.. The principal cause of death and related causes of importance were as follows:
Apoplexy -
Struck while walking,
dead when he fell.

Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis Physic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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) J. W. Barber, M.D.
 (Address) Fidelity Bldg., Mo.

