

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

Do not use this space.

12979

1. PLACE OF DEATH

County St. Francois
Township Randolph
City Osage (No.) St. Ward)

Registration District No. 779
Primary Registration District No. 6024R

File No.
Registered No.

2. FULL NAME

Adel Eaton

(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 Female 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 John J. Eaton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 21-1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 6 08

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrenston Mo

10. NAME OF FATHER Philip Waller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mary Hipes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT John J. Eaton
(Address) Farmington Route 4

15. FILED 4-4-29 R. B. Hester
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-29 1929

17. I HEREBY CERTIFY That I attended deceased from July, 1928, to 3-29, 1929 that I last saw her alive on 3-28, 1929, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

50 47
Carcinoma breast.
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 1
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF about two wks

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) Narold O. Buckley, M. D.

3-29, 1929 (Address) Osage Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marvin Chappel DATE OF BURIAL Mar 31 1929

20. UNDERTAKER C. J. Boyer ADDRESS Osage Mo

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.

1929

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