

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

Do not use this space.

35989

1. PLACE OF DEATH

County Buchanan Registration District No. 87 File No. 13
 Township Easton Missouri Primary Registration District No. 5129 Registered No. 13
 City Missouri (No. R.F.D. #1, Easton) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Easton, Missouri R.F.D. #1
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. 8 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 29 1855
 7. AGE YEARS 73 MONTHS 8 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) State Co Mo
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Barthole Close
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Francis Moxley
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)

14. INFORMANT Wm Close
 (Address) Easton, Missouri

15. FILED 410, 1922 D.F. Veighan M.D. REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 8 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 26 1927, to Dec 5 1927 that I last saw him alive on Dec 5 1927, and that death occurred, on the date stated above, at 9:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
41. B 440 (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY not known (SECONDARY) (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: at home

DID AN OPERATION PRECEDE DEATH: no DATE OF _____

WAS THERE AN AUTOPSY: no
 WHAT TEST CONFIRMED DIAGNOSIS: clinical
 (Signed) W.F. Veighan, M.D.
12/9, 1927 (Address) Easton Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Harmony Cem. DATE OF BURIAL Dec 10, 1927

20. UNDERTAKER Fleeman Funeral Home ADDRESS 1208 Francis

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.

