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

Do not use this space. 3414

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 3226 Dakota St. ..... Ward)

File No. ..... Registered No. 1044

2. FULL NAME Mary Jane Easton

(a) Residence. No. 3226 Dakota St., 15 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.

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.

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 Edw. Easton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1 1860

7. AGE: Years 68 | Months — | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. 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) Ireland

PARENTS

10. NAME OF FATHER Jno. Cunningham

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

12. MAIDEN NAME OF MOTHER Nora Galvin

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

14. INFORMANT Edw. Easton
(Address) 3226 Dakota

15. FILED ..... 1928 Mark B. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 27 1928

17. I HEREBY CERTIFY, That I attended deceased from 1/21-28, 19..., to 1/27-28, 19..., that I last saw h. alive on 1/27-3:12 P., 19..., and that death occurred, on the date stated above, at 3:12 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A
106A
Bronch. Pneumonia
— (duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY) —
Bronchitis acute (duration) — yrs. — mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED? —
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Regular
(Signed) Wilbur Hawa, M.D.
1/28, 1928 (Address) 4050 Lindell Blvd

*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 Calvary

DATE OF BURIAL 1-31 1928

20. UNDERTAKER Wm. Schumacher

ADDRESS 3013 Meramec