

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Gran
City Kansas City (No. Kansas City Genl Hosp)

Registration District No. 309
Primary Registration District No. 1003

File No. 13361
Registered No. 1102
St. _____ Ward _____

2. FULL NAME

Easley, James W
(a) Residence. No. 701 West 1st Ave St. 7 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 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) Jan 15 1895

7. AGE: YEARS 33 MONTHS 11 DAYS 28 IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(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) mo

10. NAME OF FATHER J. J. Easley

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

12. MAIDEN NAME OF MOTHER Almeda Alexander

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

14. INFORMANT Record Clerk (Address) K.C. Genl Hosp.

15. FILED 4-15-28 m.m. Grouse REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-13 1928

17. I HEREBY CERTIFY That I attended deceased from 2-9, 1928, to 4-13, 1928 (that I last saw him alive on 4-13, 1928, and that death occurred, on the date stated above, at 9:10 P. m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia - Extravasation of urine
134 B1 (duration) _____ yrs. mos. da.

CONTRIBUTORY Senility (SECONDARY) (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chem. Findings (Signed) P. E. Williams, M. D.

(Address) 4-14, 1928 Supt. K.C. Genl Hosp

*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 _____ DATE OF BURIAL _____

W. J. ... 4/16 1928

20. UNDERTAKER W. J. ... ADDRESS 1916 East 13

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.

