

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

Do not use this space.

6215

1. PLACE OF DEATH

County..... Harrison
Township..... Bethany
City..... Bethany

Registration District No..... 334
Primary Registration District No..... 4197

File No..... 483
Registered No.....
St.....
Ward.....

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE Martha Jane Easton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-15-1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 7 5

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) Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY)

10. NAME OF FATHER Stephen Easton

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

12. MAIDEN NAME OF MOTHER Minerina Hendren

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

14. INFORMANT George Easton
(Address) Bethany Mo.

15. FILED 3/7, 1929 W J Harned
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-20 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1929, to Feb 20, 1929, that I last saw him alive on Feb 17, 1929, and that death occurred, on the date stated above, at 5 A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral hemorrhage
92A

CONTRIBUTORY (SECONDARY) M/40
(duration) yrs. 2 mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J P Wessling, M. D.
2/22, 1929 (Address) Bethany 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 Morie Chapel cemetery DATE OF BURIAL 2-22 1929
ADDRESS Bethany Mo

20. UNDERTAKER S M Haas

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.

MAR 22 1929

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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2
2
2

