

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

Do not use this space.

8456

1. PLACE OF DEATH

County..... Registration District No. **7011**
Township..... Primary Registration District No. **1000**
City **St. Louis, Mo. City Hospital #2**

File No.....
Registered No. **2122**
St. Ward)

2. FULL NAME

Fannie Easley
(a) Residence. No. **2142 Walnut** St., **22** 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 MEDICAL CERTIFICATE OF DEATH

3

3. SEX Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) **2-13-1929**

17.
I HEREBY CERTIFY that I attended deceased from **9-5-1928** to **2-13-1929**
that I last saw him alive on **2-13-1929** and that death occurred, on the date stated above, at **5-10 P.M.**

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

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar Pneumonia 186A
177B
108

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **9-6-1878**
7. AGE YEARS MONTHS DAYS
50 | **5** | **7**
If LESS than 1 day, hrs. or min.

CONTRIBUTORY Fractured neck of femur (left) from a fall to the floor 5 days accident
(SECONDARY)

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
185 **no** DATE OF **5**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **California**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Cemetery**

10. NAME OF FATHER **not known**

20. UNDERTAKER **Dunn Bros**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **not known**

12. MAIDEN NAME OF MOTHER **not known**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **not known**

14. INFORMANT **Anna V. Woodard**
(Address) **City Hospital #2**

DATE OF BURIAL **2/16 1929**

15. FILED **FEB 15 1929** **M. C. Starling**
REGISTRAR

ADDRESS **315 Jefferson Ave**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

244
2
31
31

