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

Do not use this space.

24 1929

1. PLACE OF DEATH

County: Butler — Registration District No.: ~~30~~ 89 — File No.: 9745

Township: — Primary Registration District No.: 3007 — Registered No.: 58

City: Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME: Nora Easton

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 1-1890

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
38	11	4	

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): 234

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Batesville — 2
(STATE OR COUNTRY): Ark

PARENTS

10. NAME OF FATHER: Jim Easton

11. BIRTHPLACE OF FATHER (CITY OR TOWN): — 2
(STATE OR COUNTRY): Ark

12. MAIDEN NAME OF MOTHER: Anna Gray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Batesville — 2
(STATE OR COUNTRY): Ark

14. INFORMANT: Mrs Geo. Chilton
(Address): Poplar Bluff, Mo

15. FILED 3/6, 1929 Dr B J Clay
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 5 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 9 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Strangulation by Hanging (Suicidal)

165 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 168 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Grover Greer Coroner, M. D

3/5, 1929 (Address)

*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: City — DATE OF BURIAL: 3/7 1929

20. UNDERTAKER: Frank Undt Co — ADDRESS: Poplar Bluff Mo

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.