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

Do not use this space.

29990

NOV 3

1. PLACE OF DEATH
County Barry — Registration District No. 29 — File No.
Township Flat Creek — Primary Registration District No. 5038 — Registered No. 59
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Cecil Eugene Easley
(a) Residence. No. ..... St., ... 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: only an Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10-13-1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	11	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): Barry Co. Mo.

PARENTS
10. NAME OF FATHER: Ben F. Easley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Barry Co. Mo.
12. MAIDEN NAME OF MOTHER: Belle Eubanks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

14. INFORMANT: Finis Easley
(Address): Eagle Rock Mo.

15. FILED Nov 1, 1929 Mrs H. R. Williams Dpt. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 7th 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 3rd, 1929, to Sept. 3rd, 1929, that I last saw him alive on Sept. 13th, 1929, and that death occurred, on the date stated above, at 12:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Stomach Bowel Disease
1130
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Probably Hot Weather
(duration) yrs. mos. 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? None
(Signed) D. C. Mitchell, M. D
, 19 (Address) Cassville 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: Easley Cemetary
DATE OF BURIAL: [illegible] 19

20. UNDERTAKER: Wm Ealey Superintendent
ADDRESS: Eagle Rock Mo.

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

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.