

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

Do not use this space.

36018

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
 Town Bellevue Primary Registration District No. 3019  
 City Independence (No. Independence Sanitarium St. \_\_\_\_\_ Ward)

**2. FULL NAME**

John William Easterwood  
 (a) Residence No. 510 Glenwood (Mt. Washington) Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. Mildred Easterwood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 4, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	53	10	6	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Machinist  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer Standard Oil Co.

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Mississippi

10. NAME OF FATHER George B. Easterwood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Mississippi

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Mississippi

14. INFORMANT Mrs. Mildred Easterwood  
 (Address) 510 Glenwood (Mt. Washington)

15. FILED 11-11-1930 J. H. Cook  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 10, 1930  
 17.  I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
Sept 15, 1930, to Nov 10, 1930,  
 that I last saw h. in alive on Nov 10, 1930, and that death occurred, on the date stated above, at 12 noon m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Emphysema Lungs -  
Hypertrophy R. Ventricle Heart

CONTRIBUTORY (SECONDARY) Emphysema (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? Nov 11, 1930  
 WHAT TEST CONFIRMED DIAGNOSIS? aut.

(Signed) Drellman M. D.  
 11-11-1930 (Address) 10307 Indep Ave.

\*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 \_\_\_\_\_  
Mt. Mariah Nov. 12, 1930

20. UNDERTAKER D. W. Newcomer's Sons ADDRESS 2116.9<sup>th</sup> St.

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.

DEC 22 1930

Dr. P. Stewart Gilman  
10307 Independence Ave  
2:30 - 6:30  
Suep 4018