

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

Do not use this space.

30656

1. PLACE OF DEATH

County Butler Registration District No. 89
Township Poplar Bluff Primary Registration District No. 2731
City Poplar Bluff (No. _____) St. _____ Ward _____

File No. _____
Registered No. 189

2. FULL NAME

Victoria Easley

(a) Residence, No. Fair St., Kellytown St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 255 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5, 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>61</u>	<u>0</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER / FATHER 13. NAME Jess Waters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Albert Easley
(ADDRESS) Route #7 Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff City cemetery DATE Sept. 4 1931

19. UNDERTAKER Greer Undertaking Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED Sept 3 1931 By Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1921, to Rest 2, 1931

I last saw h. or alive on Sept 3, 1931. Death is said to have occurred on the date stated above, at 4:10 A.M.

The principal cause of death and related causes of importance were as follows:

93C
95B
Acute Cardiac Distention

Other contributory causes of importance:
Chronic Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) Dr. C. H. Russell, M. D.
(Address) Poplar Bluff Mo

refully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OCCUPATION is very important. may be properly classified. Exact statement of OCCUPATION is very important.

OCT 22 1931

