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.

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

Do not use this space.

41409

1. PLACE OF DEATH
County La Fayette — Registration District No. 461 — File No. 11
Township Lexington — Primary Registration District No. 3024 — Registered No.
City Lexington (No. ..... St. ..... Ward)

2. FULL NAME Emanuel Marshall Easter

(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: 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 14 1867
7. AGE: YEARS 64 — MONTHS 1 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator
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): Bedford Penn

FATHER
13. NAME: Wm. T. Easter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER
15. MAIDEN NAME: Mary A. Kreger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

17. INFORMANT (ADDRESS): Mary L. Drummond Lexington Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington Mo DATE Dec 10 1931
19. UNDERTAKER (ADDRESS): Ernest Fegert Lexington Mo
20. FILED Dec 9 1931 G. W. Fredendall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to Dec 8th only, 1931
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
[illegible]	

Other contributory causes of importance:

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) G. W. Fredendall M. D.
(Address) Lexington Mo