

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.

FEB 23 1932

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

Do not use this space.

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1. PLACE OF DEATH
 21 County Chariton Registration District No. 175
 Township Salisbury Primary Registration District No. 5243
 City Salisbury St. _____ Ward _____

2. FULL NAME Wilma Evelyn Eastin
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 3 mos. _____ ds. _____
 How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____
 (If nonresident, give city or town and State)

File No. _____
 Registered No. 1
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Sept 29-1931

7. AGE YEARS ✓ MONTHS 3 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) Mo 1

FATHER

13. NAME Frank Eastin

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

MOTHER

15. MAIDEN NAME Bettie Rafferty

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

17. INFORMANT (ADDRESS) Frank Eastin Salisbury Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE McCurry DATE 1-4 32

19. UNDERTAKER (ADDRESS) Winkelmeier Bros Salisbury Mo

20. FILED 1-3 1932 W. S. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Jan 3, 1932
 I last saw her alive on Jan 2, 1932. Death is said to have occurred on the date stated above, at 8:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Acute anterior poliomyelitis Date of onset 1-1-32
16
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Other contributory causes of importance: _____

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

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 _____ ①

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) D. S. Miller, M. D.
 (Address) Salisbury, Mo.

