

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

Do not use this space.

19009

1. PLACE OF DEATH  
 24 County Callaway Registration District No. 197  
 Township Callaway Primary Registration District No. 5276  
 City BARRY (No. ....) St. .... Ward) BARRY MISSOURI  
 (a) Residence, No. Barry Mo St. .... Ward. BARRY MISSOURI  
 (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) DIVORCED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-3-1854  
 7. AGE YEARS 78 MONTHS 3 DAYS 22 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED FARMER  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Data 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  
 FATHER 13. NAME WILLIAM EASLEY  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31  
 MOTHER 15. MAIDEN NAME unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT MR. HARRY L. EASLEY (ADDRESS) KANSAS CITY, MISSOURI  
 18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE JUNE-28, 1932  
 19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 EAST-9TH ST  
 20. FILED 6/27 1932 W. H. Hagg Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-25, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from June 25, 1901, to June 25, 1932  
 I last saw him alive on June 25, 1932. Death is said to have occurred on the date stated above, at 4:00 P.M.  
 The principal cause of death and related causes of importance were as follows:

Embolic of heart  
9/9/32  
 Other contributory causes of importance: ①  
 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 ..... 15  
 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) S. P. Altom M. D.  
 (Address) Gasland Mo

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.

JUN 29 1932

... - 1003 Grand 11:30 A.M.