35

1939

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

Do not use this space.

35294

1. PLACE OF DEATH
County: Dunklin
Township: Independence
City: Kennett (No. ..... St. ..... Ward)
Registration District No. 288
Primary Registration District No. 4172
File No.
Registered No.

2. FULL NAME: Robert Lee Easley

(a) Residence, No. ..... St., ... Ward. .....
(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: M
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: Mona Crews Easley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 22 1870

7. AGE: Years 63 | Months 9 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer — 1
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1
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): Kennett Mo 1

FATHER
13. NAME: Clint Easley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois 2

MOTHER
15. MAIDEN NAME: Elizabeth Eastridge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marble Hill, Mo. 1

17. INFORMANT (ADDRESS): M. P. Easley Cardwell, Mo - R 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Ridge DATE: 11/22, 1932

19. UNDERTAKER (ADDRESS): Baldwin Funeral Home Kennett, Mo.

20. FILED: Dec 8, 1932 Phillis Davis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1932, to 11-21, 1932. I last saw him alive on 11-21, 1932. Death is said to have occurred on the date stated above, at 1:12 p m.
The principal cause of death and related causes of importance were as follows:

Appendicitis — Date of onset 11-21-32

Other contributory causes of importance:
Nephritis

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) James C. Cooper, M. D.
(Address) Kennett, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD