

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

Do not use this space.

30021

1. PLACE OF DEATH

County Jasper
Township Mineral
City Bennett

Registration District No. H13
Primary Registration District No. 5559C

File No.
Registered No. 27
St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

Edward Easley
St. Ward.

West City
(If nonresident, give city of town and State)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 11 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 - 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 1 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
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) West City Mo

13. NAME Edward Easley

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

15. MAIDEN NAME Sarah Ryan

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

17. INFORMANT Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope Lodge 9/13 1933

19. UNDERTAKER (ADDRESS) West City, Mo

20. FILED Sept 25 1933 Harry A. Weaver
Registrar

MEDICAL CERTIFICATE OF DEATH

2
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1929, to Sept 11, 1933
I last saw him alive on Sept 11, 1933. Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Essential Pulmonary Tuberculosis
Chronic Interstitial Nephritis
Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis Spec 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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) John S. Dargatzis, M. D.
(Address) West City

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.

66120 1933

