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.

MAR 24 1934

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

Do not use this space.

File No. 3778

Registered No.

1. PLACE OF DEATH

County: Adair

Township: Walnut

City: Gibbs (No. ..... St. ..... Ward)

Registration District No. 8

Primary Registration District No. 2007

2. FULL NAME: Alice M. Easley

(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: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geo. B. Easley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 26" 1860

7. AGE: Years 73 Months 1 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Macon Co. Mo.

FATHER

13. NAME: Joseph M. Spencer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME: Laura Collins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT: F. R. Easley (ADDRESS) Bucklin. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: La Plata DATE: 2/27" 1934

19. UNDERTAKER: G. B. Easley Sr. (ADDRESS) Humbird. Mo.

20. FILED: 2-27 1934 M C Duff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 23" 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1934, to Feb. 10, 1934

I last saw h. (1) alive on Feb. 10, 1934 Death is said to have occurred on the date stated above, at 11:55 p.m.

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

Cerebral Hemorage — Date of onset Dec. 1, 1933

93C
92A
92B
11B

Other contributory causes of importance:

Myo-carditis 1 year
Hypostatic pneumonia duration 1 week

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) H. B. Elkins, M. D.

(Address) Kirksville. Mo.