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

Do not use this space.

File No. 25367

Registered No.

**1. PLACE OF DEATH**

County: Linn

Township: Locust Creek

City: ~~Linneus~~ (No. ..., ..., St. ..., Ward)

Registration District No. 501

Primary Registration District No. 5666

**2. FULL NAME** Eliza Francis Easley

(a) Residence, No. County Home St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUL 13 1934

58

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1847

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 87 | | 24 | |

OCCUPATION

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

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) Boone County, Mo

FATHER

13. NAME Patrick Griffin

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

MOTHER

15. MAIDEN NAME Rebecca Britt

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

17. INFORMANT (ADDRESS) Clem Easley Brookfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Goshen Milton, Mo. DATE July 6, 1934

19. UNDERTAKER (ADDRESS) ~~Rusk & Rusk, Brookfield, Mo~~

20. FILED 7-6 1934 J. W. Webb Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1934, to July 5, 1934, that I last saw him alive on July 4, 1934. Death is said to have occurred on the date stated above, at 2 a. m.

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

| | Date of onset |
|---|---|
| Epilepsy | |
| 85 | |

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Unknown Was there an autopsy? No

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) E. J. Stanley, M. D.

(Address) Brookfield Mo.

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.

100M-11-24-33