

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

Do not use this space.

JAN 8 1935

**1. PLACE OF DEATH**

County Macon  
Township Lalate  
City (No. ....) (No. ....) St. .... Ward)

Registration District No. 532  
Primary Registration District No. 2711

File No. 43627  
Registered No. ....

**2. FULL NAME**

Marie 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child of Mrs. Leon Easley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
8 24

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

13. NAME Leon Easley

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

15. MAIDEN NAME Mary Barton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Mexico

17. INFORMANT (ADDRESS) Leon E. Easley  
Lalate Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lalate DATE Dec 30 1934

19. UNDERTAKER (ADDRESS) H. J. Christie  
Lalate Mo

20. FILED Dec 30, 1934 Dr. C. H. Buff Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1934, to Dec 29, 1934

I last saw him alive on Dec 28, 1934 Death is said to have occurred on the date stated above, at 5 a. m.

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

Broncho Pneumonia Date of onset  
10/18 10/18  
Other contributory causes of importance:  
None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? No

If so, specify .....

(Signed) H. O. Newton, M. D.  
(Address) Lalate 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.

