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.

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

FEB 19 1935

Do not use this space.

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.: 1217
Township: ~~Kan~~ — Primary Registration District No.: 1002 — Registered No.: 88
City: Kansas City (No. 3013 Bales St. Ward)

2. FULL NAME: Herbert H. Eastman

(a) Residence, No. 3013 Bales 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: Male
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: Helene Eastman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 12, 1888

7. AGE: Years 46 — Months 10 — Days 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Druggist
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): Missouri

FATHER
13. NAME: Fred C. Eastman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

MOTHER
15. MAIDEN NAME: ~~Florence King~~
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Mrs. Helene Eastman

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Mt. Moriah Cemetery DATE: January 8, 1935

19. UNDERTAKER (ADDRESS): Gillis & McAllister, 3225 Troost Place

20. FILED: 1/8, 1935 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/5/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.... I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m. The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset
Acute Pulmonary Edema

Other contributory causes of importance:

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) ....., M. D.
(Address)

Deputy Crowe
HM
Dulgey
Yes

Shue McClure
We 7777