APR 8 1936

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

Do not use this space.

110043

1. PLACE OF DEATH

County Dunklin — Registration District No. 289 — File No.

Township ~~Cotton Hill~~ — Primary Registration District No. 4173 — Registered No. 10

City [illegible] (No. , St. Ward)

2. FULL NAME ~~E. H. Easley~~ Ellis Hunter 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: 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~~ Anna Easley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 17, 1884

7. AGE: YEARS 52 — MONTHS 11 — DAYS 16 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Belt R.R.
10. Date deceased last worked at this occupation (month and year): Mar 3, 1936
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredonia Ky

FATHER

13. NAME Thomas Easley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know Va

MOTHER

15. MAIDEN NAME Sarah Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredonia Ky.

17. INFORMANT (ADDRESS) Mrs E. H. Easley Illmo, Mo.

18. BURIAL, CREMATION, OR REMOVAL
I.O. of Cem. PLACE Dongola Ill. DATE Mar. 5, 1936

19. UNDERTAKER (ADDRESS) Bispling hoff & Hubbard Illmo, Mo.

20. FILED 3/4/ 1936 S. E. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from unattended by, 19, to physician, 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 9.05 A.M.
The principal cause of death and related causes of importance were as follows:

Sudden heart failure due to some unknown cause.

Date of onset

Other contributory causes of importance: 2000

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? no
If so, specify
(Signed) [illegible] Coroner ~~M.D.~~
(Address) [illegible]

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.