APR 23 1936

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

Do not use this space.

11953

1. PLACE OF DEATH
County Pike — Registration District No. 689 — File No.
Township Buffalo — Primary Registration District No. 3033 — Registered No.
City Louisiana (No. Pike Co Hospital St. Ward)

2. FULL NAME Wm Franklin Easley Sr
(a) Residence, No. New Canton Ill 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)~~ WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19 - 1855

7. AGE 80 YEARS — MONTHS 11 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Pike Co, Ill

FATHER
13. NAME Moses Easley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Known

MOTHER
15. MAIDEN NAME Mary Tittsworth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) J R Easley Wc New Canton Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Barry Ill DATE 3/27 1936

19. UNDERTAKER (ADDRESS) Fred Huffnagle Barry Ill

20. FILED 3/25 1936 D C Haley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-23, 1936, to 3-25-, 1936
I last saw him alive on 3-25, 1936 Death is said to have occurred on the date stated above, at 8 45a m.
The principal cause of death and related causes of importance were as follows:

Fracture of Skull — Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide, or homicide?~~ Yes Date of injury 3/23, 1936
Where did injury occur? On highway Jct of 36 & 54 In Illinois (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Collision
Manner of injury Automobile Accident
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) Louisiana 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.