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.

SEP 23 1936

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

Do not use this space.

30786

1. PLACE OF DEATH

County Jackson — Registration District No. 398 — File No.

Township Blue — Primary Registration District No. 3059 — Registered No. 303

City ~~Independence~~ (No. Independence Sanatorium St. Ward)

2. FULL NAME Laura Blanch Easley

(a) Residence, No. 1707 Arlington 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep-11-1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	33	11	20	

OCCUPATION

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

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) Middlethian Texas

FATHER

13. NAME George L. Webster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

MOTHER

15. MAIDEN NAME Ollie Sutton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo

17. INFORMANT (ADDRESS) A. W. Easley 1707 Arlington Ave, Indep. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah Cem DATE Sep 1 1936

19. UNDERTAKER (ADDRESS) Ott & Mitchell Independence Mo.

20. FILED 9-2-1936 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/31/36, 19

22. I HEREBY CERTIFY, that I attended deceased from Aug 19 to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 1:30 P.m.

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

Automobile traumatism — Date of onset

Fracture of the skull

Other contributory causes of importance: 210M

Name of operation ..... Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/30/36

Where did injury occur? Burgland Wells Sta. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

Manner of injury Ran over by a bus

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) [illegible]