

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.

FEB 15 1937

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

Do not use this space.

303

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No.

Township

Primary Registration District No. 1001

Registered No. 102

City St. Joseph, (No. Missouri Methodist Hospital

St. Ward)

2. FULL NAME Samuel Asberry Easter,

(a) Residence, No. _____ St. _____ Ward. Easton, Missouri,

(Usual place of abode)

Ward. Easton, Missouri,

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 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

Maggie M. Easter,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 6, 1866

7. AGE

YEARS 70

MONTHS 3

DAYS 29

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Farmer,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

W.P.A.

10. Date deceased last worked at this occupation (month and year) _____ 1937

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) Cincinnati, Ohio,

MOTHER FATHER

13. NAME

Aaron Easter,

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

Unknown, Ohio,

15. MAIDEN NAME

Nancy Snyder,

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

Unknown, Ohio,

17. INFORMANT (ADDRESS)

Bert Easter, Easton, Missouri,

18. BURIAL, CREMATION, OR REMOVAL PLACE

De Kalb, Mo. Camp Ground Cem. DATE Jan'y 31, 1937

19. UNDERTAKER (ADDRESS)

Horton Bellah/Bowman, 519 So. 10th. Str. Linn, Mo.

20. FILED

1-30, 1937 H. G. Nestlebrook, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y 28th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-17-37, 19____, to 1-28-37, 19____.

I last saw him alive on 1-28, 1937. Death is said

to have occurred on the date stated above, at 8:20 p.m.

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

Septic Ulcer - Hemorrhage

Other contributory causes of importance: *MI*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *none*

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) *Repl. J. Perry, M.D.* (Address) *301 W. 6. St.*

W. L. H. A. C.

61782.