FEB 25 1937

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

Do not use this space.

1651

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City KC Mo (No. 4105 Indep Ave 2 St. Ward)

2. FULL NAME James Marion Easterwood
(a) Residence, No. 4105 Independence Ave Ward. Smithville, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 3 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~~ Sarah Margaret "Reeves" Easterwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-21-1861

7. AGE YEARS 75 MONTHS ~~7~~ 6 DAYS 5 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Cleaner
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City New York

FATHER
13. NAME Jas. Easterwood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Salina Barton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Sarah Margaret Easterwood 4105 Indep Ave. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithville. Mo DATE 1-27-37

19. UNDERTAKER (ADDRESS) S. A. McCormas Smithville, Mo.

20. FILED Jan 26 1937 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1937, to ....., 19....
I last saw him alive on Jan 25th, 1937. Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia — Date of onset

Other contributory causes of importance: Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? Consolidation 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) Ow Johnson, M. D.
(Address) 1207 Rialto Bldg.

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.