

APR 15 1937

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

Do not use this space.

10966

1. PLACE OF DEATH

1 County Adair Registration District No. 4
2 Township Laughlin Primary Registration District No. 300 File No. 10966
3 City Kirkville (No. Laughlin Hospital) St. Cherrylox, Mo. Registered No. 51 Ward

2. FULL NAME

Anna Belle Eastbrook

(a) Residence, No. Cherrylox, Mo. St. Cherrylox, Mo. Ward. Cherrylox, Mo.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED kind of HUSBAND or (or) WIFE OF Ed Eastbrook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 - 11 - 18

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

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

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) Peter, Co. Mo.

13. NAME Geo. Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donk, Mo.

15. MAIDEN NAME Angeline Hedrick

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

17. INFORMANT (ADDRESS) W. H. Eastbrook, Cherrylox, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olive DATE March 11, 1937

19. UNDERTAKER (ADDRESS) H. H. Redding, Abbeville, Mo.

20. FILED Mar. 9, 1937 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1937, to March 9, 1937

I last saw h. alive on March 9, 1937. Death is said to have occurred on the date stated above, at 1-2 m.

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

Carcinoma of Colon

Other contributory causes of importance: No

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?

If so, specify

(Signed) W. H. Eastbrook M. D.

(Address) Kirkville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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