

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

Do not use this space.

APR 22 1937

1. PLACE OF DEATH

County Mississippi Registration District No. 566 File No. 12658
 Township Phosphor Primary Registration District No. 3030 Registered No. 66
 City Phosphor (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. West Market St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH 8:45 P.M.

3. SEX F 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22 A. 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amos Easton

22. I HEREBY CERTIFY, That I attended deceased from Inquest 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 13 1914

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS 22 MONTHS 7 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Gun shot (chest) in night dress murdered at her home by her husband

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 _____

Other contributory causes of importance: 173

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wolf Island Ky.

13. NAME Robert Alexander

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

15. MAIDEN NAME Lucie Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wolf Island Ky.

17. INFORMANT (ADDRESS) Robert Alexander Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE March 24 37

19. UNDERTAKER (ADDRESS) Frank L. Vernon Charleston Mo.

20. FILED 3-24-37 F. D. Vernon Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3-22-37

Where did injury occur? at her home Charleston Mo. (Specify city or town, county, and State)

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

Manner of injury In her home

Nature of injury Gun shot wound

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Frank L. Vernon M. D.

(Address) Charleston Mo

Occupation is very important.

OCCUPATION

MOTHER FATHER

