

APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Richmond
City Rayville (No. _____)

Registration District No. 744
Primary Registration District No. 5975B

File No. 13172
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mark Benton Eason
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-25-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 20

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

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) Not known Mo

13. NAME Calven Eason

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Mo

15. MAIDEN NAME Mary Green Street

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Mo

17. INFORMANT Nelle Mae Stackton (ADDRESS) Rayville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE add Chapel DATE Mar. 18, 1937

19. UNDERTAKER E. H. Hannon (ADDRESS) Richmond Mo

20. FILED Apr. 4, 1937 Thompson M. McDonnell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1937 to Mar 8, 1937

I last saw h. him alive on Mar. 8-1937, 19____ Death is said

to have occurred on the date stated above, at 5:25 P. m.

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

Cerebral hemorrhage

Date of onset

3-6-37

Other contributory causes of importance:

high blood pressure
atherosclerosis
enlarged prostate

Name of operation none Date of _____

What test confirmed diagnosis? physical 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 SP M. Eason MD

(Signed) _____, M. D.

(Address) Rayville Mo

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.

