

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.

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH
 1/4 County Callaway Registration District No. 104
 Township _____ Primary Registration District No. 3003
 2/3 City Fulton, Mo. (No. 7) St. _____ Ward _____
 File No. 15878
 Registered No. 99

2. FULL NAME Harry East
 (a) Residence, No. Hawk Point, Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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

MEDICAL CERTIFICATE OF DEATH

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 Frances Priob East

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1899

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>37</u>	<u>6</u>	<u>7</u>	

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. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 6 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Apr. 6, 1937

I last saw him alive on Not at all, 19____. Death is said to have occurred on the date stated above, at 1 P.m.

The principal cause of death and related causes of importance were as follows:
Strangulation by hanging, self-inflicted Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

MOTHER FATHER

13. NAME James W. East

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

15. MAIDEN NAME Myrtle Clark

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

17. INFORMANT Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Tracy, Missouri DATE April 7, 1937

19. UNDERTAKER Wesley Wallace (ADDRESS) Fulton, Mo.

20. FILED Apr. 6, 1937 R. D. Brewer Registrar.

Other contributory causes of importance:
Mental depression
suicidal

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. Exam Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide: Suicide Date of injury 4/6, 1937
 Where did injury occur? In barn at St. Hospital
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Self inflicted
 Nature of injury Hanging

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. H. Hall M. D.
W. H. Hall
Fulton, Mo.

