

MAY 27 1937

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

Do not use this space.

16786

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File No.
Registered No.
St. Ward)

1. PLACE OF DEATH

County Lafayette Registration District No. 461
Township Lexington Primary Registration District No. 3-2-24
City (No., St. Ward)

2. FULL NAME Rose Anna Eastham

(a) Residence, No. 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 Fe. 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 John E. Eastham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1861

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Brewisville Ind.13. NAME Jacob Staley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.15. MAIDEN NAME Martha Huckelberry16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.17. INFORMANT Lynn E. Eastham
(ADDRESS) Lexington, Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington, Mo DATE April, 18 3719. UNDERTAKER winkler
(ADDRESS) Lexington, Mo.20. FILED Apr. 18 1937 Faye B. Bates
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 12 1937, to April 16, 1937.
I last saw her alive on April 16, 1937. Death is said to have occurred on the date stated above, at 10:40 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Sclerosis

Date of onset

Other contributory causes of importance:

Fraction of left leg
Cast Redden

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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) G. W. Radwanski M. D.
(Address) Lexington, Mo

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.

