

JUN 2 1 1937

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

Do not use this space.

1. PLACE OF DEATH
42 County Henry Registration District No. 344 File No. 20171
Township Springfield Primary Registration District No. 5300 Registered No. 18
City Springfield (No. 7) St. Mo. Ward 1

2. FULL NAME James East
(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 | 6 | 0

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo.

13. NAME George East

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo.

15. MAIDEN NAME Elizabeth Harve

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California Cal.

17. INFORMANT Mrs James East (ADDRESS) Chatham mo RR 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 5/16/37

19. UNDERTAKER Corcoran & Peck (ADDRESS) Chatham mo

20. FILED 5-16 1937 mo. A.A. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 7th 1937 to May 14th 1937. I last saw him alive on May 14th 1937. Death is said to have occurred on the date stated above, at 11:45 pm.

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

Typhoid fever Date of onset May 5

Other contributory causes of importance: Peritonitis

Name of operation none 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 2, 19 . Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify (Signed) D. H. Holland M. D. (Address) Chatham mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified.

