

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

Do not use this space.

AUG 31 1937

1. PLACE OF DEATH

County Schuyler
Township Galt River
City Greentop (No.)

Registration District No. 804 4483
Primary Registration District No. 6439

File No. 28481
Registered No.
St. Ward

2. FULL NAME David Eastin

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lura Preston Eastin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>83</u>	<u>11</u>	<u>12</u>		

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

13. NAME Jim Eastin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) United States

15. MAIDEN NAME Charity Eastin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) United States

17. INFORMANT Burr L. Eastin
(ADDRESS) Greentop, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fugate Cemetery DATE July 25, 1937

19. UNDERTAKER R. O. Young
(ADDRESS) Greentop, Mo

20. FILED July 28, 1937 Miss O. P. Armstrong
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1937

I HEREBY CERTIFY, that I attended deceased from July 12, 1937, to July 22, 1937. I last saw him alive on July 22, 1937. Death is said to have occurred on the date stated above, at 5:00 A.M.

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

Cancer of Stomach Date of onset ?

Other contributory causes of importance: 40

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? no
If so, specify

(Signed) R. R. Ellis, M. D.
(Address) Kirksville, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

