

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

Do not use this space.

NOV 22 1937

1. PLACE OF DEATH

County Coke  
Township Buffalo  
City Louisiana (No. 821 N 812)

Registration District No. 699 1  
Primary Registration District No. 3032

File No. 38504  
Registered No. 30 Ward 3

2. FULL NAME David Wm Easterbrook

(a) Residence, No. 821 N 812 St. 3 Ward 3  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 80 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Ann Easterbrook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
94 6 16

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

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) 1 year 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hancock Ill

13. NAME Elisha Easterbrook

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

15. MAIDEN NAME Parah Ann Conklin

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

17. INFORMANT Ben Easterbrook (ADDRESS) Louisiana Mo.

18. BURIAL CREMATION, OR REMOVAL PLACE St. Louis DATE Oct-23 1937

19. UNDERTAKER W. B. Suda (ADDRESS) Louisiana Mo.

20. FILED Oct 22 1937 O. Haley Registrar.

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY That I attended deceased from Oct 21 1937 to Oct 21 1937

I last saw h. alive on 30 1937 Death is said to have occurred on the date stated above, at 38 m.

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

Cerebral hemorrhage Date of onset

Other contributory causes of importance: arterio sclerosis

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no

(Signed) W. B. Suda  
(Address) Louisiana Mo.

RECORDED

