REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Boone 7
Township Cedar
City Easley (No. ..... St. ..... Ward)
Registration District No. 71
Primary Registration District No. 5110A
File No. 6013
Registered No. 3

2. FULL NAME William Greene Easley 240
(a) Residence, No. Easley 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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Georgia Easley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 1861

7. AGE: YEARS 75 | MONTHS 11 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mdse
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) Boone Co MO

FATHER
13. NAME Moss Easley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

MOTHER
15. MAIDEN NAME Sallie Peebley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

17. INFORMANT (ADDRESS) Hall B Easley

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Nashville Cem DATE Dec 4 37

19. UNDERTAKER (ADDRESS) R. O. Willett Columbia Mo

20. FILED Mar 5 1938 Frances Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1937, to 12-2, 1937
I last saw him alive on 12-2, 1937 Death is said to have occurred on the date stated above, at 5:25 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
8 Ds	1 -

Other contributory causes of importance:
Cerebral hemorrhage 4 years ago

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical 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) H. B. Fryer, M. D.
(Address) Ashland, 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.

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