

REC'D APR 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County ButlerRegistration District No. 89File No. 10260Township 2Primary Registration District No. 3007Registered No. 65City Poplar Bluff, Mo.(No. 1)

Lucy Lee Hospital

St. _____

Ward _____

2. FULL NAME Jacqueline Sue Easton 235(a) Residence, No. None

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

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

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

March 23, 1938

7. AGE

0

YEARS

MONTHS

0

DAYS

0

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Infant

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)

Poplar Bluff, Mo.

13. NAME

John Easton

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

Poplar Bluff, Missouri

15. MAIDEN NAME

Lucille Mathews

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

Arkansas

17. INFORMANT

John Easton

(ADDRESS)

Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Ashcraft CemeteryPLACE Butler Co., Mo.DATE March 23, 1938

19. UNDERTAKER

Frank Und. Co.

(ADDRESS)

Poplar Bluff, Mo.

20. FILED

3/231938Chutman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 193822. I HEREBY CERTIFY, That I attended deceased from 3-23-38 to 3-23-38I last saw h. alive on Stillborn, 1938. Death is saidto have occurred on the date stated above, at 7:30 A.M.

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

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

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) J. W. Chutman, M. D.(Address) Poplar Bluff, 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.

100M-2-2-35

