

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

Do not use this space.

**FEB 25 1936**

**1030**

**1. PLACE OF DEATH**

County Henry Registration District No. 14  
 Township \_\_\_\_\_ Primary Registration District No. 4211  
 City Windsor (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 3

**2. FULL NAME** Mrs. Emma Trachsel Easley

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3 1936

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

22. I HEREBY CERTIFY, That I attended deceased from July 10 1935 to Jan 3 1936

I last saw h. s. alive on Jan 2 1936 Death is said to have occurred on the date stated above, at 6:30 P. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1869

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 4 18

Cancer of Colon Date of onset 12-7-35

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Homo. Maker

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)

12. BIRTHPLACE (CITY OR TOWN) Benton County (STATE OR COUNTRY) Missouri

Other contributory causes of importance: NO

13. NAME Fred Trachsel

Name of operation Resection of Colon Date of 7-10-35

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

What test confirmed diagnosis? Clinical Was there an autopsy? NO

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Warren Christian (ADDRESS) Windsor, Missouri

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Jan. 5 1936

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

19. UNDERTAKER Eustace Turner (ADDRESS) Windsor, Missouri

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_ (Signed) J. A. Blackmore M. D.

(Address) Windsor, Mo.

20. FILED 1-5 1936 J. A. Blackmore Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

