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

Do not use this space.

11 23 1929 6 9

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1. PLACE OF DEATH

County Buchanan. Registration District No. 1001 File No. 9711

Township Primary Registration District No. Registered No. 421

City St. Joseph (No. Mo. Methodist Hospital St. Ward)

2. FULL NAME Iccelena Easley

(a) Residence. No. St., Ward. Savannah Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 2, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	60	4	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-wife 126 36

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

235

9. BIRTHPLACE (CITY OR TOWN) Portland
(STATE OR COUNTRY) Indianna

PARENTS

10. NAME OF FATHER Henry Osborn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Penn.

12. MAIDEN NAME OF MOTHER B Rooks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT John Easley
(Address) Savannah Mo.

15. FILED MAR 28 1929 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1929

17. I HEREBY CERTIFY, That I attended deceased from 25th March, 1929, to 28th March, 1929, that I last saw her alive on 28 Mch, 1929, and that death occurred, on the date stated above, at 2-30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

~~Cholangio-Cystolithiasis~~

~~[illegible]~~

Chlocystolithiasis - several last attack

(duration) yrs. about mos. ds.

CONTRIBUTORY (SECONDARY) Septicaemia

(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? on farm near Savannah Mo

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Mch 26-1929

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical-Lab-& Operative

(Signed) W. T. Elam, M. D

Mar. 28, 1929 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Savannah Missouri	Mar. 30 1929
20. UNDERTAKER N. O. Sidinfaden	ADDRESS 1802 Union St.

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.