

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.

1298

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

Do not use this space.

OCT 20 1936

33683

1. PLACE OF DEATH

County Buchanan,

Registration District No. 85

Township.....

Primary Registration District No. 1001

City St. Joseph,

(No. 1216 Monteray)

File No.

Registered No. 1152

St. Ward

2. FULL NAME

Martha Jane Easton,

(a) Residence, No. 1216 Monteray, St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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) Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>82</u>	<u>11</u>	<u>16</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,

10. Date deceased last worked at this occupation (month and year) September 1936 11. Total time (years) spent in this occupation. 57

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

13. NAME Alex McCollum,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee,

15. MAIDEN NAME Susanna Matsbarger,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee,

17. INFORMANT (ADDRESS) J. B. Easton 1216 Monteray St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany, Mo. DATE Sept. 6th, 1936

19. UNDERTAKER (ADDRESS) Heaton, Beale & Bourman 219 So. 10th. St. Surgical Home

20. FILED Sept. 5, 1936 A. J. Nettlebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1936, to Sept 5th, 1936, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 12:50 p.m.

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

Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance:

no facts

Name of operation..... Date of.....

What test confirmed diagnosis? Clin. Hist. 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) Jornar Thomas Croner, M. D.

(Address) 731 Jorson

