

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.

AUG 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Pettis*
Township *Elkton*
City (No.) (No.) St. (No.) Ward

Registration District No. *664*
Primary Registration District No. *5883*

File No. *28043*
Registered No. *11*

2. FULL NAME

Oleiver Otis Easter

(a) Residence, No. St. Ward. (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 *Nannie Pemberton*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 12-1869*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 10 2

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

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

10. Date deceased last worked at this occupation (month and year) *July 14-1937* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pettis Co Mo*

13. NAME *Henry H. Easter*

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

15. MAIDEN NAME *Mary Frances Steen*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pettis Co Mo*

17. INFORMANT *F. A. Easter* (ADDRESS) *Green Ridge Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Heckory Point* DATE *July 16 1937*

19. UNDERTAKER *Chas R. Shelley* (ADDRESS) *Green Ridge Mo*

20. FILED *July 15 1937* *Chas R. Shelley* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 14 1937*

22. I HEREBY CERTIFY, That I attended deceased from *June 12 1937*, to *July 14 1937*

I last saw him alive on *July 14 1937* Death is said to have occurred on the date stated above, at *7:15 p.m.*

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

Valvular heart disease (Coronary occlusion) Date of onset *A.K.*

Other contributory causes of importance: *Arteriosclerosis, vascular hypertension*

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. A. Hite* M. D.

(Address) *Green Ridge, Mo.*

