

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

Do not use this space.

36542

1. PLACE OF DEATH

County Dunklin
Township Smith
City Smith

Registration District No. 490
Primary Registration District No. 5408

File No.
Registered No. 58 St. Ward)

2. FULL NAME

Revelta Hess Hastings

(a) Residence. No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 10, 1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 8 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work X
(b) General nature of industry, business, or establishment in which employed (or employer) X
(c) Name of employer X

9. BIRTHPLACE (CITY OR TOWN) Smith Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER J. H. Hastings

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sioux County Mo

12. MAIDEN NAME OF MOTHER Viola Davis

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

14. INFORMANT J. H. Hastings
(Address) Smith Mo

15. FILED 12-1-25 H. W. B. Miller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9 1928

17. I HEREBY CERTIFY That I attended deceased from 11-5-28 to 11-9-28 1928
that I last saw him alive on 11-9-28 1928, and that death occurred, on the date stated above, at 10:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Progress of Lung cancer by extension from Adrenal Gland and Spleen in the Lung

CONTRIBUTORY (SECONDARY)

20 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. W. B. Miller, M. D.
, 19 (Address)

*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

Smith Cemetery Nov 10 1928

20. UNDERTAKER ADDRESS

W. Daniel Miller Smith Mo

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.

1928

