

23 1929

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

Do not use this space.

41453

1. PLACE OF DEATH
County Johnson Registration District No. 437
Township Rose Hill Primary Registration District No. 5594
City (No. _____) (Ward _____)

2. FULL NAME Willard Herbert 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 Male 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 2 - 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
25 | 9 | 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Okla.
(STATE OR COUNTRY)

10. NAME OF FATHER Le Roy Hastings

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

12. MAIDEN NAME OF MOTHER Laura Brooks

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

14. INFORMANT Mike Brooks
(Address) Latur, Mo

15. FILED J T Sheffer 19____
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 19 28

17. I HEREBY CERTIFY that I attended deceased from Sept 1, 1928, to Dec 24, 1928 that I last saw him/her alive on Dec 23, 1928 and that death occurred, on the date stated above, at 11:00 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Permeous Anemia
71A 58A
CONTRIBUTORY (SECONDARY) _____
(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) J T Sheffer, M. D.19 (Address) Latur, 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 Garden City Mo DATE OF BURIAL Dec 25 19 28

20. UNDERTAKER J W Goodman ADDRESS Holdey 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.

