

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

Do not use this space.

8565

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City Jackson (Name Mo Baptist Hospital)..... St. Mo Ward.....
 Registered No. 2232

2. FULL NAME

(a) Residence. No. Jackson Mo St. 12 Ward. Jackson 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. 23 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widower</u>
5A. IS—MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Augusta Kasten</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 22, 1908</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>6</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Brick Mfg.</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.		
9. BIRTHPLACE (CITY OR TOWN) <u>Uniontown</u> (STATE OR COUNTRY) <u>Missouri</u>		
10. NAME OF FATHER <u>Christian Kasten</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Uniontown</u> (STATE OR COUNTRY) <u>Missouri</u>		
12. MAIDEN NAME OF MOTHER <u>Don't know</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Don't know</u> (STATE OR COUNTRY)		
14. INFORMANT <u>Louis Kasten</u> (Address) <u>Jackson Mo</u>		
15. FILED <u>18</u> <u>Mar C Stanley</u> 19..... REGISTRAR		

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16th 1929

17. I HEREBY CERTIFY, That I attended deceased Jan 28th, 1929, to Feb 16th, 1929 that I last saw h.w.m. alive on Feb 15th, 1929, and that death occurred, on the date stated above, at 1:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
with numerous metastases

4615 General

CONTRIBUTORY (SECONDARY) 140

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: Jackson Mo

1 DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Feb 2, 29.

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) H.W. Moore, M.D.
 , 19 (Address) Wall Bldg, Ithaca

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Jackson Mo</u>	DATE OF BURIAL <u>2-18 1929</u>
20. UNDERTAKER <u>McCombs and Co.</u>	ADDRESS <u>Jackson Mo</u>

AT 2.—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.

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Mr. Charles W. H. H.
Jackson Mo.