

SEP 24 1929

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

Do not use this space.

27278

1. PLACE OF DEATH

County Liberty
Township Liberty
City Liberty (No. _____)

Registration District No. 201
Primary Registration District No. 5280

File No. _____
Registered No. 76
St. _____ Ward _____

2. FULL NAME

James C. Hasler
(a) Residence No. 007 Home Liberty 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh. 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) Sept 11 - 1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
90 11 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Immater
(b) General nature of industry, business, or establishment in which employed (or employer) I.O.O.F.
(c) Name of employer Home

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Calloway Co Mo

10. NAME OF FATHER John Hasler

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

12. MAIDEN NAME OF MOTHER — Dowd.

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

14. INFORMANT James Q. Rogers

(Address) Liberty Mo

15. FILED 9/24/29 Walter Goodson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1929, to Aug 22, 1929, and that I last saw him alive on Aug 22, 1929, and that death occurred, on the date stated above, at 4 29 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
1107

CONTRIBUTORY (SECONDARY) 164 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____

18 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

18 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS (Signed) J.H. Matthews, M. D.

Aug 19, 1929 (Address) Liberty 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 DATE OF BURIAL

Louisa Mo 8/24/29

20. UNDERTAKER ADDRESS

Church Archer Co Liberty 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.

24

262

2

