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

Do not use this space.

18881

JUL 25 1930
18

1. PLACE OF DEATH
County: Cortez
Township: Cortez
City: (No. ... St. ... Ward)
Registration District No. 143
Primary Registration District No. 5205
File No.
Registered No.

2. FULL NAME: Thodosia Haskins.
(a) Residence. No. ... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas. A. Haskins
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 18, 1857
7. AGE: Years 72 | Months 6 | Days 26 | If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Iron Co.
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Rufus Stephens
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Not Known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Duncan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Not Known
(STATE OR COUNTRY)

14. INFORMANT: Luther Haskins
(Address): Ruble
15. FILED 6-14-1930 W. Cotton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 14, 1930
17. I HEREBY CERTIFY, That I attended deceased from May 15th, 1930, to June 14, 1930 that I last saw her alive on June 14, 1930, and that death occurred, on the date stated above, at 10 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pericarditis
(acute Rheumatic)
131
5 C
(duration) ... yrs. ... mos. 4 ds.
CONTRIBUTORY (SECONDARY): Chronic Interstitial nephritis
(duration) 1 yrs. ... mos. ... ds.
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) W. V. Cotton, M. D.
, 19 (Address) Van Buren, 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: Haskins Cemetery
DATE OF BURIAL: 6/15/1930
20. UNDERTAKER: J. N. Rhea
ADDRESS: Van Buren Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.