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

Do not use this space.

File No. 25302

Registered No.

1. PLACE OF DEATH

5 County Barry

3 Township

4 City Monett (No. , St. Ward)

Registration District No. 30

Primary Registration District No. 3003

2. FULL NAME John Hoskins Lassiter

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 21 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

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 ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 19 1856

7. AGE: Years 75 | Months 9 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Car Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Frisco R.R. Co

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Raleigh N. Carolina

FATHER

13. NAME: Geo. A. Lassiter, Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not obtainable

MOTHER

15. MAIDEN NAME: Malona Riddle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not obtainable

17. INFORMANT (ADDRESS): W. A. Lassiter Monett Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Cemetery DATE Aug 9 1932

19. UNDERTAKER (ADDRESS): Callaway Monett Mo

20. FILED 8-8- 1932 W. D. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 7 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to Aug 7 1932

I last saw him alive on Aug 7 1932 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	2 yr.

Other contributory causes of importance:

Arterio sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ernest Mitchell, M. D.

(Address) Monett 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.