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

Do not use this space.

30152-1

30152-B

1. PLACE OF DEATH

90 County Reynolds — Registration District No. 749 — File No. 2

Township Lesterville — Primary Registration District No. ~~4900~~ 5984 — Registered No. 2

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Jordan Hasty

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Lizzie Hasty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE: about 78 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co. Mo.

FATHER

13. NAME William Hasty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER

15. MAIDEN NAME Susan Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Jno Hasty Monterey Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stricklin Cemetery Sept 21, 1932

19. UNDERTAKER (ADDRESS) none

20. FILED Sept 20, 1932 C. M. Fitzpatrick, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1932, to Sept. 19, 1932

I last saw him alive on Sept. 1, 1932. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Chronic interstitial nephritis — Date of onset

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Other contributory causes of importance: —

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Name of operation none — Date of

What test confirmed diagnosis? Clinical & microscopical — 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) C. M. Fitzpatrick, M. D.

(Address) Lesterville, 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.