

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.

NOV 28 1932

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

Do not use this space.

31407

1. PLACE OF DEATH  
 County Saline Registration District No. 799  
 Township Slater Primary Registration District No. 4479  
 City Slater St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Donald Richard Vestal

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Slater Mo

13. NAME Elva Vestal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Wela Keefling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Wla Vestal (ADDRESS) Slater Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater Mo DATE 10-5-32

19. UNDERTAKER Hill Brothers (ADDRESS) Slater Mo

20. FILED Oct 5, 1932 W. M. Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1932 to Oct-5 1932  
 I last saw him alive on Oct-5 1932 Death is said to have occurred on the date stated above, at P. A. m.  
 The principal cause of death and related causes of importance were as follows:  
Starved to death  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 187 298 1

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) W. E. Jones, M. D.  
 (Address) \_\_\_\_\_

M. C. DUGGINS, M. D.

SLATER, MISSOURI

April 21, 1933.

Dr. W. M. Tuttle,  
Slater, Mo.

Dear Doctor:            InRe: Donald Richard Vestal.

I attended the birth of this child on the 6th day of September 1932. He was a normal healthy infant at the time I discharged the case. The mother made good recovery. This was a charity case; as the father was in jail and remained there for several months after the birth of this child. The mother and five other children were on the point of starvation when Charity Board discovered their plight. The mother had not been able to furnish breast milk for this infant and had no food for it. When I was called to see it on the 4th day of October it was in such condition I could not do anything for it.

My opinion was, that this infant literally "starved to death" for lack of proper food.

Yours truly,

*M. C. Duggins*  
M. C. Duggins, M. D.

every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Donald Richard Vestal  
Who died at Slater Md. (City) on Oct 5, 1932 (Date)

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(if nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex \_\_\_\_\_ Color or race \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or Country) \_\_\_\_\_

Birthplace of father (State or Country) \_\_\_\_\_

Birthplace of mother (State or Country) \_\_\_\_\_

Principal cause of death: Starved to death

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_