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.

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

Do not use this space.

2118

1. PLACE OF DEATH
4 County Lafayette — Registration District No. 461 — File No. 11
6 Township Lexington — Primary Registration District No. 3024 — Registered No.
11 City ..... (No. ..... St. ..... Ward)

2. FULL NAME Charles Latshaw

(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.

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: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 31-1866

7. AGE: YEARS 66 — MONTHS 0 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
11 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coal Miner & Restaurant Prop.
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

FATHER
13. NAME: No Information
31 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

MOTHER
15. MAIDEN NAME: " "
31 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Mrs Lula Cantillion, St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington Mo DATE Jan 30 1933

19. UNDERTAKER (ADDRESS): Ernest Hegert, Lexington Mo

20. FILED Jan 28 1933 G. W. Fredendall, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 28, 1933

22. I HEREBY CERTIFY That I attended deceased from (several years) 1928, to Jan. 28, 1933
I last saw him alive on Jan. 27, 1933 Death is said to have occurred on the date stated above, at 9:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of neck	
52 53	

Other contributory causes of importance:

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? No
If so, specify .....
(Signed) J. W. Cope, M. D.
(Address) Lexington