

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

Do not use this space.

18391

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1083**
City **St. Louis Mo** (No. **2618 Lafayette Ave**) St. Ward)

File No.
Registered No. **4645**

2. FULL NAME

Daniel Boone Hastings
(a) Residence, No. **2618 Lafayette** St., **823** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Lave Hastings		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1857		
7. AGE	YEARS 76	MONTHS 8
	DAYS 5	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Worker	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed	
	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) Tenn		
FATHER	13. NAME unknown	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn	
MOTHER	15. MAIDEN NAME unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn	
17. INFORMANT Mrs Lave Hastings (ADDRESS) 2618 Lafayette Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Wernai Mo. DATE May 22, 1933		
19. UNDERTAKER A W McLaughlin (ADDRESS) 1631 Mississippi Ave		
20. FILED 14 21 33 J T Bredeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 20, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **4-10, 1933, to 5-20, 1933**
I last saw him alive on **5-19-33**, 19... Death is said to have occurred on the date stated above, at **7:45 a.m.**
The principal cause of death and related causes of importance were as follows:
45 D
Carson's corn of jaw bone
Date of onset **24 20**

Other contributory causes of importance:
45 H

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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 D Munde**, M. D.
(Address) **227 85 Jefferson**

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.

2278A So. Jefferson