

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

Do not use this space.

20552

1. PLACE OF DEATH

74 County Nodaway Registration District No. 617
Township White-cloud Primary Registration District No. 4367
City Arkoe (No., St. Ward)

File No.
Registered No. 11
St. Ward)

2. FULL NAME John Merril Hasty

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 4, 1921</u>		
7. AGE	YEARS	MONTHS
	<u>11</u>	<u>7</u>
		DAYS
		<u>22</u>
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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) Arkoe, Mo.
(STATE OR COUNTRY)

13. NAME Henry A. Hasty

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

15. MAIDEN NAME Rose Dick

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

17. INFORMANT Mrs Hasty
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Swinford Cemetery DATE 6/28 1933

19. UNDERTAKER Price Furniture Co.
(ADDRESS) Maryville, Mo.

20. FILED 6/28 1933 Chas. D. Hueston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933, to June 26, 1933
I last saw h. alive on June 26, 1933 Death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

Syptic Endocarditis
568
AIA
5610
Other contributory causes of importance:
Articular Rheumatism

Name of operation Date of
What test confirmed diagnosis? Chemical Was there an autopsy? No

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) H. M. Hallis Jr., M. D.
(Address) Maryville 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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. JUN 28 1933

Please send
no further