

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.

SEP 26 1933

20350

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

Do not use this space.
26224-A
988-
File No.
Registered No.

1. PLACE OF DEATH
 41 County Harrison Registration District No. 334
 Township Cypress Primary Registration District No. 5461
 City (No. _____) _____ St. _____ Ward _____

2. FULL NAME Hope Lasher
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kenneth Lasher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-16-1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 5 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Bridgely Harrison Co Mo

13. NAME Seth Foster

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

15. MAIDEN NAME Jesse Alley

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

17. INFORMANT Seth Foster (ADDRESS) Bridgely Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Butler Cemetery DATE 8-14 1933

19. UNDERTAKER (ADDRESS) S. W. West Bridgely Mo

20. FILED 7-11 1933 W. J. Harmed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-10 1933, to 8-12 1933
 I last saw her alive on 8-12 1933. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Acute Dilatation of heart Date of onset _____
↑
 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? _____
 If so, specify _____
 (Signed) W. J. Harmed, M. D.
 (Address) Bridgely Mo

