

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

Do not use this space.

33430

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Jasper Primary Registration District No. 2902
 City Jasper (No. St. Johns Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Harrison Ark St. _____ Ward. Harrison, Ark
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Mr W W Cecil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 1 14

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

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) Benton Co Ark

13. NAME Charles V Caster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co Ark

15. MAIDEN NAME Wright

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

17. INFORMANT W W Cecil
 (ADDRESS) HARRISON, Ark

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Harrison Ark DATE Oct 14 1933

19. UNDERTAKER Samuel Masterson
 (ADDRESS) Jasper Mo

20. FILED 10 14 1933 Ed S James
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1933 to Oct - 13 1933

I last saw her alive on _____ 1933. Death is said to have occurred on the date stated above, at 3:40 a.m.

The principal cause of death and related causes of importance were as follows:

embolus - Pulmonary
Lobar pneumonia

Other contributory causes of importance:
Lobar pneumonia

Name of operation Exploration - Date of _____

What test confirmed diagnosis? _____ 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? _____
 If so, specify _____

(Signed) Wm H. Lee M. D.
 (Address) Jasper Mo

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 10 1933

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