

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kau
City St. Marys Mo

Registration District No. 399
Primary Registration District No. 1002
(No. St Marys Hosp)

File No. 16917
Registered No. 1002
St. _____ Ward _____

2. FULL NAME

Carrie Haseltine Terry
(a) Residence, No. 4606 Wabash 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 Fe 4. COLOR OR RACE Wh 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) July 6-1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75- 10 18

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) Lawrence, Kans

FATHER 13. NAME Wm. S. Haseltine

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Carrie Haseltine

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hazel Waldron 4606 Wabash

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Lawrence, Kans May 24 1934

19. UNDERTAKER (ADDRESS) Stein's Mortuary 3232 Bellfontaine Ave

20. FILED May 23 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1934

22. I HEREBY CERTIFY, That I attended deceased from March 31 1934 to May 22 1934

I last saw h. at alive on May 22 1934 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:
Cerebral arteriosclerosis - graded many years with multiple thrombosis causing cerebralhaemia terminal bronchopneumonia

Other contributory causes of importance:
103A Name of operation _____ Date of _____
103A 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) Lawson DeLoe M. D.
(Address) 3232 Bellfontaine Ave.

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.

JUN 19 1934

