

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Shoachim
City Crystal City (No.)

Registration District No. 421
Primary Registration District No. 557.5

File No. 17203
Registered No. 38
St. Ward)

2. FULL NAME

Albert Landin Fast

(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

8A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Fast

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 5 3

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) Sept 30 1934 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rush Fowler Mo.

MOTHER FATHER 13. NAME Herman Fast

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER 15. MAIDEN NAME Alice Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rush Fowler Mo.

17. INFORMANT Mrs. Minnie Fast (ADDRESS) Crystal City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus Mo. DATE 5/16/34

19. UNDERTAKER Quenter & D. W. Wray (ADDRESS) Festus Mo.

20. FILED 6/11 1934 J. E. Rutledge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1931, to April 30, 1934

I last saw him alive on May 30, 1934 Death is said to have occurred on the date stated above, at m.

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

Tuber culosis Pulmonary Date of onset

unknown

2317

130

Other contributory causes of importance: rethritis

Name of operation none Date of

What test confirmed diagnosis? culture 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 Asbestos

(Signed) Festus Mo. M. D. (Address)

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 22 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

