

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.

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

Do not use this space.

40448

1. PLACE OF DEATH

County Reynolds Registration District No. 749
Township Pesterville Primary Registration District No. 4450
City Pesterville (No. _____) _____ St. _____ (Ward _____)

File No. 17
Registered No. 17

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Richard Brown Hasty</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 7, 1863</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>11</u>
		<u>4</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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) <u>Nov. 4, 1934</u>	
11. Total time (years, months, and days) spent in this occupation <u>life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carters Co. Mo</u>		
FATHER	13. NAME <u>Pickman Dawson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Jane Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Ollie Hasty</u> (ADDRESS) <u>Pesterville, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>X</u> DATE _____ 19__		
19. UNDERTAKER <u>Harman White & Son</u> (ADDRESS) <u>Fronton, Mo</u>		
20. FILED <u>Nov. 11, 1934</u> <u>C. M. Fitzpatrick</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1934, to Nov. 11, 1934.

I last saw decd alive on Nov. 10, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Lobar Pneumonia
Senility

Other contributory causes of importance:

Name of operation none 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? no

If so, specify _____

(Signed) C. M. Fitzpatrick, M. D.

(Address) Pesterville, Mo.

