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

25 1935

Do not use this space.

1746

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. Freeman Hosp. St. Ward)
~~Freemans Hospital~~

2. FULL NAME Charles Menefee Hasty
(a) Residence, No. Southwest City, Mo. Ward. Southwest City, Mo.
(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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mellie Hasty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 24th 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Mining
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk County Iowa

FATHER
13. NAME Allen Hasty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Mary Jane Perkapile
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Will Hasty Southwest City Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Southwest City DATE Jan 17th, 1935

19. UNDERTAKER (ADDRESS) Nichols Brothers Southwest City Mo

20. FILED 1-19, 1935 — Ed D. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16th 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 9, 1935, to Jan 15, 1935, that I last saw him alive on Jan 15, 1935. Death is said to have occurred on the date stated above, at 9, 10 m A.M.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Gen'l Carcinomatosis
Primary focus FAUCES
Head of Pancreas

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Usual 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? No
If so, specify
(Signed) Leroy W. Barter, M. D.
(Address) Joplin Mo.

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.