

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

Do not use this space.

9931

1. PLACE OF DEATH

County MONROE Registration District No. 582
Township JACKSON Primary Registration District No. 5779
City (No.) St. Ward

File No. _____
Registered No. 13

2. FULL NAME

CASPER HALBERSTADT

(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 3 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) DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LEONA (LAST NAME N.K.)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 19, 1852

7. AGE YEARS 82 MONTHS 11 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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

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) 1930 11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PHILADELPHIA PA.

13. NAME PETER HALBERSTADT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

15. MAIDEN NAME JACOBINA ZIMMERMANN

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

17. INFORMANT LYNN HALBERSTADT. (ADDRESS) PARIS, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACES STOUTSVILLE, Mo. DATE MAY 18 1935

19. UNDERTAKER SPEED & BLAKEY (ADDRESS) PARIS, Mo.

20. FILED MAR 17 1935 H. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from JAN 11, 1934, to MAY 10, 1935.
I last saw him alive on MAY 7, 1935. Death is said

to have occurred on the date stated above, at 10:50 P.M.

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

Chronic Prostatitis;
Hypertrophy with
Chronic uricemic poisoning.
Arterio Sclerosis
General

Other contributory causes of importance:
none

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical signs 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? Yes

If so, specify _____
(Signed) H. Payne, M. D.
(Address) PARIS, 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.

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