

JUN 26 1935

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

Do not use this space.

17281

## 1. PLACE OF DEATH

County Nodaway  
Township White Cloud  
City West of Barnard (No. ...., St. .... Ward)Registration District No. 617Primary Registration District No. 5818

File No. ....

Registered No. 62. FULL NAME Arthur M. Rasco(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) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Rasco6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30-18687. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
67 3 138. 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) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Barnard Mo.  
(STATE OR COUNTRY)13. NAME S. H. Rasco14. BIRTHPLACE (CITY OR TOWN) N Car.  
(STATE OR COUNTRY)15. MAIDEN NAME Malisa Martin16. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)17. INFORMANT Hazel Rasco  
(ADDRESS) Barnard Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Barnard Cem. DATE 5/15 193519. UNDERTAKER Campbell Funeral Home  
(ADDRESS) Navyville Mo.20. FILED 5/15 1935 Chas. D. Humbert  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13-1935, 193522. I HEREBY CERTIFY, That I attended deceased from May 13, 1935, to May 13, 1935.  
I last saw him alive on 5-13, 1935. Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Coronary occlusion

Date of onset

Other contributory causes of importance:  
Said to have had epithelioma of left breast. Treated at Savannah, Mo.Name of operation see above 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? noIf so, specify .....  
(Signed) E. M. Furdley, M. D.(Address) Savannah, Mo.

