

DEC 3 1935

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

Do not use this space.

38369

1. PLACE OF DEATH

County Verona
Township Washington
City (No.) St. Ward

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 211

2. FULL NAME

Harry Fasken

(a) Residence, No. State Hospital #3 St. Ward.

(Usual place of abode) Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Kathleen Fasken

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 30, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 10 20

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo.

MOTHER 13. NAME Wm. J. Fasken

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo.

MOTHER 15. MAIDEN NAME Emma Bond

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chapin Ill.

17. INFORMANT (ADDRESS) Father

18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage DATE 11/20 1935

19. UNDERTAKER (ADDRESS) Oliver Funeral Home
Carthage Mo

20. FILED Nov 19 1935 M. C. Lehinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19 1935, to Nov. 19 1935
I last saw him alive on Nov. 11, 1935 Death is said to have occurred on the date stated above, at 8:45 P.M.

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

Multiple sclerosis Date of onset 1912
Lobar pneumonia 1934

Other contributory causes of importance
Name of operation none Date of
What test confirmed diagnosis? Clinical 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) T. T. O'Dell, M. D.
(Address) Nevada, 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.

STATE OF TEXAS, COUNTY OF DALLAS. I, the undersigned, a Notary Public in and for the State of Texas, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the County of Dallas, State of Texas, in Book No. _____ of said records, on page No. _____.

Notary Public in and for the State of Texas

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township Washington Primary Registration District No. 6162
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 211

2. FULL NAME

Harry Jackson
(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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 yr. hrs. min.
43 10 _____

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookbinder, etc.
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) _____

FATHER
13. NAME _____

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

MOTHER
15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 11/19 1935 M. Eichinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I first saw him _____ alive on _____, 19____. 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:

arterio Sclerosis Date of onset _____
Multiple Sclerosis 1932
Other contributory causes of importance: 108
Lobar Pneumonia 116

Name of operation None Date of _____
What test confirmed diagnosis clinical 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? _____
If so, specify _____

(Signed) J. J. Ordell, M. D.
(Address) Nevada

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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