

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

Do not use this space.

JUL 25 1936

27656

1. PLACE OF DEATH

County Polk
Township Springer
City New London (No.)

Registration District No. 726
Primary Registration District No. 4432

File No.
Registered No.
St. Ward)

2. FULL NAME

Carl Lasley
(a) Residence, No. New London 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Lasley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 42 X X

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Bud Lasley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Martha Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Hugh Moorehead
(ADDRESS) New London, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Douglas, Mo. DATE July 11, 1936

19. UNDERTAKER Graceland Smith
(ADDRESS) St. Louis, Mo.

20. FILED July 12, 1936 Blanche Gregory
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from No attention, 19....

I last saw h. 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:

Found dead on south side of farm to market road Date of onset

Other contributory causes of importance: Died of heart prostration

Name of operation none Date of What test confirmed diagnosis? Obit Was there an autopsy?

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. M. Moorehead M. D. (Address) Local One

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.

