

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.

DEC 29 1936

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

Do not use this space.

41961

1. PLACE OF DEATH

County Monroe
Township Washington
City Washington (No.)

Registration District No. 582
Primary Registration District No. 5780

File No.
Registered No. 71
St. Ward

2. FULL NAME

(a) Residence No. Ward
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-16-1857</u> | | |
| 7. AGE YEARS <u>78</u> | MONTHS <u>9</u> | DAYS <u>6</u> |
| If LESS than 1 day, hrs. min. <u> </u> | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Laborer</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Rancher</u> | |
| | 10. Date deceased last worked at this occupation (month and year) <u> </u> | |
| | 11. Total time (years) spent in this occupation <u> </u> | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co. Missouri</u> | | |
| MOTHER | 13. NAME <u>John Lasley</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u> | |
| | 15. MAIDEN NAME <u>Honora Jane Giggles</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u> | |
| 17. INFORMANT (ADDRESS) <u>Nita S. Handford</u> <u>Mexico Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>900th Avenue</u> DATE <u>11/24</u> 19 <u>36</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Groves & Grogan</u> <u>St. Louis Mo.</u> | | |
| 20. FILED <u>11/23</u> 19 <u>35</u> <u>H. C. Payne</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

| | |
|---|--|
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>11-22</u> 19 <u>36</u> | |
| 22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 20</u> 19 <u>36</u> , to <u>Nov 22</u> 19 <u>36</u> I last saw h. <u>Nov 20</u> 19 <u>36</u> alive on <u>Nov 20</u> 19 <u>36</u> Death is said to have occurred on the date stated above, at <u>1:40</u> p.m. The principal cause of death and related causes of importance were as follows: <u>Cerebral thrombosis</u> Date of onset <u>11-20-36</u> | |
| Other contributory causes of importance: <u>Atherosclerosis</u> | |
| Name of operation <u> </u> Date of <u> </u> | |
| What test confirmed diagnosis <u> </u> Was there an autopsy? <u>No</u> | |
| 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. | |
| Manner of injury <u> </u> | |
| Nature of injury <u> </u> | |
| 24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u> </u> (Signed) <u>W. C. Parker</u> M. D. (Address) <u>St. Louis Mo.</u> | |

