

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

Do not use this space.

JAN 7 9 1937

44111

1. PLACE OF DEATH

County Christian
Township Senley
City (No.) (St.) (Ward)

Registration District No. 184
Primary Registration District No. 5255

File No.
Registered No. 59

2. FULL NAME John Henry Hasson

(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

MEDICAL CERTIFICATE OF DEATH

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 Rockie Hasson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 1

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) Mo.

13. NAME Aleck H. Hasson

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

15. MAIDEN NAME Mahala A. Williams

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

17. INFORMANT (ADDRESS) P. C. Harding, Mexa. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE (Crematorium) DATE Dec. 28-36

19. UNDERTAKER (ADDRESS) J. W. Maples, McClure, Mo.

20. FILED Jan. 5 1937 Luella Leonard Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25-1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Dec 12, 1936
I last saw him alive on Dec 13, 1936 Death is said to have occurred on the date stated above, at 5:30 P. M.

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

Arteriosclerosis Date of onset 2037-28

Other contributory causes of importance: Grade 2 arteriosclerosis 2 yrs ago

Name of operation Physical Date of
What test confirmed diagnosis? Physical 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 HP Hasson M. D.
(Signed) Wife Mo.
(Address)

