

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.

MAR 19 1937

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

Do not use this space.

6058

PLACE OF DEATH
County How Registration District No. 372
Township _____ Primary Registration District No. 4218
City Mount City, Mo. St. _____ Ward _____
2. FULL NAME Hattie Lavina Reaster
(a) Residence, No. 901 Spring St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 19 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
Registered No. 878
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George J Reaster
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-8-1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 4 14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Mount City, Mo.
13. NAME Jefferson Bailey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Lavinia Emerson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Murkettine, Mo.
17. INFORMANT B. P. Reaster
(ADDRESS) 202
18. BURIAL, CREMATION, OR REMOVAL PLACE Mount City, Mo. DATE 2-24-1937
19. UNDERTAKER (ADDRESS) Wm. J. Reaster
20. FILED Feb 22 1937 Registrar. J. O. Reaster

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1937 to Feb 22 1937
I last saw her alive on Feb 21 1937 Death is said to have occurred on the date stated above, at 9:30 m.
The principal cause of death and related causes of importance were as follows:
Myocardial Abscess Date of onset 1/15/37
Other contributory causes of importance: 9912 2/1/37
Name of operation _____ 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? _____
If so, specify _____
(Signed) J. O. Reaster M. D.
(Address) Mount City, Mo.

