

APR 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jeff.
 Township Jeff.
 City Jeff. (No. 1)

Registration District No. 986 5331Primary Registration District No. 4443File No. 11705Registered No. 11705 St. Jeff. Ward 1

2. FULL NAME

(a) Residence, No. Belle Baker St. Jeff. Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10-187. AGE YEARS 80 MONTHS 1 DAYS 21 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. 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) Deer Co Mo13. NAME Wm F. Hastings14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind15. MAIDEN NAME Isabelle Misengale16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind17. INFORMANT (ADDRESS) D-E Cook18. BURIAL, CREMATION, OR REMOVAL PLACE Shilo Mo DATE 4/719. UNDERTAKER (ADDRESS) Wheeler20. FILED Apr 1st 1937 Mrs A. H. Slapp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31 193722. I HEREBY CERTIFY, That I attended deceased from 3/31 to 3/31I last saw him Dead when I saw Death is saidto have occurred on the date stated above, at 10 m.

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

Dilation of R.A. heart Date of onsetwas dead when seen

Other contributory causes of importance:

Age - 80Name of operation e Date of 20What test confirmed diagnosis? e Was there an autopsy? 20

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? e Date of injury e 1937Where did injury occur? e

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury eNature of injury e

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Wm F. Hastings(Signed) Wm F. Hastings M. D.(Address) Evans Mo

