

Every item of information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state about what CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 28 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Monroe Registration District No. 547 File No. 16950
 Township Monroe Primary Registration District No. 3129 Registered No. 121
 City Hannibal (No. Living Hospital) St. 6th Ward

2. FULL NAME Olive Hastings
 (a) Residence, No. 217 S. 8th St., 3rd 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 Female 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 Edward Hastings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>43</u>	<u>29</u>	<u>0</u>	

8. Trade, profession, or particular kind of work done, as aptener, Sawyer, bookkeeper, etc. at home

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) Warren Mo.

FATHER

13. NAME Robert Hooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Co., Mo.

MOTHER

15. MAIDEN NAME Ilda Lambert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry, Ill.

17. INFORMANT (ADDRESS) Edward Hastings
Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Chrestien DATE April 6, 1937

19. UNDERTAKER (ADDRESS) Rory P. Schwartz
Hannibal, Mo.

20. FILED April 7, 1937 H. C. Fisher
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1937 to April 4, 1937
 I last saw her alive on April 4, 1937. Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Diabetic Coma
59
Carbuncle of neck
 Date of onset

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? lab Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury

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. J. Satter M. D.
 (Address) Hannibal, Mo.

