

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

County Warren Registration District No. 589
 Township Hickory Grove Primary Registration District No. 6174
 City South Plains, Mo. No. _____ St. _____ Ward _____

File No. 17863
 Registered No. 4

2. FULL NAME

Caroline Fasting

(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

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 the late Fred Fasting
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7th 1861
 7. AGE YEARS 75 MONTHS 7 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House hold
 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) Warren County
 (STATE OR COUNTRY) Missouri

13. NAME Mr. Dieckmann

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

15. MAIDEN NAME Mrs. Peale

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

17. INFORMANT Mrs. H. Marten
 (ADDRESS) Windsor City

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Windsor City, Mo. DATE Apr 13 1937

19. UNDERTAKER Meberg and Co.
 (ADDRESS) Windsor City, Mo.

20. FILED 4/12 1937 H. S. Clarendon MD
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 11th 1937

22. I HEREBY CERTIFY That I attended deceased from Feb 15 1936 to Apr 11 1937

I last saw h. or alive on Apr 9 1937. Death is said to have occurred on the date stated above, at 2³⁰ P.M.

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

Chronic Interstitial Nephritis Date of onset 1936

Other contributory causes of importance: 121

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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: _____
 (Signed) H. S. Clarendon M. D.
 (Address) Windsor City, Mo.

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.

