

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

Do not use this space.

**JUN 10 1937**

1. PLACE OF DEATH Barton  
 6 County Barton Registration District No. 44 File No. 19350  
 Township Central Primary Registration District No. 5066 Registered No. 2  
 City Lanthe (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Linzy Fast  
 (a) Residence, No. \_\_\_\_\_ St. 1 Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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 Grace Fast

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2nd, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
54 6 29

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) Barton City, MO.  
 (STATE OR COUNTRY)

13. NAME John Fast

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

15. MAIDEN NAME Esther Sprague

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

17. INFORMANT Mrs Grace Fast  
 (ADDRESS) Lanthe, Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Lanthe Cemetery DATE 6-22 1937

19. UNDERTAKER River Funeral Home  
 (ADDRESS) Lamar MO.

20. FILED 6-1- 1937 G. E. Duesett, M.D.  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:10 A.M.

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

Embolism Date of onset \_\_\_\_\_

was dead when I saw him

Other contributory causes of importance: 92

Mitral Stenosis

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) G. E. Duesett, M. D.

(Address) Lamar Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.

