

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

Do not use this space.

**NOV 19 1937**

**1. PLACE OF DEATH**

County *Monroe*

Township *Monroe City*

City *Monroe City*

Registration District No. *581*

Primary Registration District No. *4343*

File No. *38286*

Registered No. *24*

**2. FULL NAME**

(a) Residence, No. *Charles Mickey Lasley*

(Usual place of abode)

St. *Ward.*

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *45* yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (ADDRESS)

20. FILED

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 5<sup>th</sup> 1937*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to ..... 19.....

I last saw him alive on ..... 19..... Death is said

to have occurred on the date stated above, at *11:20 a.m.*

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

*Cuprum Pectus*

Other contributory causes of importance:

*Chronic Myocarditis*

Name of operation *None* Date of *Oct. 5, 1937*

What test confirmed diagnosis? *Chromatogram* (as there an autopsy?) *No*

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

Accident, suicide, or homicide? *None* Date of injury *Oct. 5, 1937*

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 *None*

Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *Russell M. Wilson, Coroner*

(Address) *Monroe City Mo.*

Registrar

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.

