

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

Do not use this space.

29

1. PLACE OF DEATH

County Scott
Township
City Chaffee (No. _____) St. _____ Ward _____

Registration District No. 816
Primary Registration District No. 4492

File No. 4290
Registered No. 2

2. FULL NAME

James Francis Karsteter 623

(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 male 4. COLOR OR RACE white 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) Apr 23, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 8 19

OCCUPATION 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. Infant
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) Chaffee, Mo.

FATHER 13. NAME Etzelvin Karsteter

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

MOTHER 15. MAIDEN NAME Ethel Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chaffee, Mo.

17. INFORMANT Etzelvin Karsteter
(ADDRESS) Chaffee, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Bk. Cem. Chaffee, Mo. DATE 1/13/38

19. UNDERTAKER W. S. Klinghoffer
(ADDRESS) Chaffee, Mo.

20. FILED 1 12 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12-1938

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 8:00 AM.

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

Death due to unknown natural causes. Baby put to bed 1-11-38 8:30 PM in healthy condition. Found baby dead this morning 1-12-38 at about 8:30 AM lying face downward.

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 1/12/38

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Smothered in bed
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) John P. Gummel
(Address) Chaffee, Scott Co. Blodgett, 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.

RECEIVED

FEB 28 1938

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