

REC'D JUN 17 1938

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

Do not use this space.

19115

## 1. PLACE OF DEATH

County Pemiscot  
Township Center  
City Tyler Mo (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 656  
Primary Registration District No. 5873

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME William M. Laster

(a) Residence, No. Tyler Mo St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 25 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

## MEDICAL CERTIFICATE OF DEATH

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 Kate Laster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 2 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farming  
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. 75

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.13. NAME James B Laster14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT (ADDRESS) Jack Laster18. BURIAL, CREMATION, OR REMOVAL PLACE Tenn. DATE Feb 6<sup>th</sup> 193819. UNDERTAKER (ADDRESS) Hanna Taylor Home20. FILED 6-14 1938 Norm Eugene Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1938, to Feb 3<sup>rd</sup> 1938  
I last saw him alive on Feb 3<sup>rd</sup> 1938. Death is said

to have occurred on the date stated above, at 7 a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
Other contributory causes of importance: 8221

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? NA  
If so, specify \_\_\_\_\_  
(Signed) C. H. Mason, M. D.  
(Address) Tyler Mo.

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

