

AUG 24 1938

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

Do not use this space.

## 1. PLACE OF BIRTH

County FranklinRegistration District No. 5402File No. 25237Township BuffaloPrimary Registration District No. 283

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

City Cardwell (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_2. FULL NAME Muriel Ruth Anderson Lasater

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 1/2 yrs. mos. ds.

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas D. Lasater6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 29-18797. AGE YEARS 58 MONTHS 5 DAYS 17 If LESS than 1 day, .....hrs. or .....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Present 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas13. NAME Chub Anderson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Ezora Garrett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT Jim Anderson & Mother (ADDRESS) \_\_\_\_\_18. BURIAL, CREMATION, OR REMOVAL PLACE Cardwell, Mo DATE 5-15 193819. UNDERTAKER Howard Undertaking (ADDRESS) Cardwell, Mo20. FILED 7-10 1938 W. Newsom Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12 193822. I HEREBY CERTIFY, That I attended deceased from March 1938, to 5-12 1938I last saw her alive on 5-12 1938. Death is said to have occurred on the date stated above, at 8:30 P. m.

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

Tuberculosis, Latent Date of onset \_\_\_\_\_Other contributory causes of importance Tuberculosis, Pulmonary

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Wallace Douglas, M. D.257 (Address) Cardwell, 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.

