

SEP 16 1938

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

29586
Do not use this space.

1. PLACE OF DEATH

(a) County *Myer, Madrid* Registration District No. *607*
(b) Township *Portagville* Primary Registration District No. *5806*
(c) City *Portagville* (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. *49*

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Mary Susan Laster

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *F.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-2*, 19*38*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *M.H. Laster*

22. I HEREBY CERTIFY, That I attended deceased from *July 3*, 19*38*, to *July*, 19*38*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 18 88*

I first saw him alive on *July 1st*, 19*38*. Death is said to have occurred on the date stated above, at *10:30* a.m.

7. AGE YEARS *50* MONTHS *about* DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

Carcinoma liver

Date of onset *about 1937*

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:

*Anaemia
Dropsy & enlargement of liver*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tresvant Tenn*

13. NAME *As J. Rankins*

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

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *no*

15. MAIDEN NAME *Susan Atkins*

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

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.

17. INFORMANT (ADDRESS) *M.H. Laster*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Portagville* DATE *8/3*

Manner of injury _____

Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS) *J.M. Vaughn*
Portagville Mo

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

If so, specify _____

(Signed) *A. R. Pecher* M. D.

535 (Address) *Portagville, Mo.*

20. FILED _____ 19____ Local Registrar.

Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County New Madrid Registration District No. 607
(b) Township Portageville Primary Registration District No. 5806
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Susan Laster

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from July 3 1938 to July 3 1938

I last saw her alive on July 3, 1938. Death is said to have occurred on the date stated above, at 1. P. M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 50

Carcinoma liver Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. prof.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Present Tenn

Anemia
Gangrene of feet

13. NAME A. J. Rankin

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

Name of operation none Date of

15. MAIDEN NAME Susan Atkins

What test confirmed diagnosis?

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

Was there an autopsy? no

17. INFORMANT (ADDRESS) W. H. Laster

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE 8-3 1938

Accident, suicide, or homicide?

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

19. FUNERAL DIRECTOR (ADDRESS) R. M. Payne
Portageville Mo

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. A. Reader, M. D.

(Address) Portageville Mo

20. FILED 9-3 1938 Mary W. Cook
Local Registrar

REGISTRATION FEE SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

