

REC'D JUL 11 1939

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

Do not use this space.

1. PLACE OF DEATH

County Butler

Registration District No. 990

File No. 21680

Township St. Francis
City Roubauer, Missouri (No. 1)

Primary Registration District No. 1133

Registered No. 4
St. _____ Ward _____

2. FULL NAME Geraldine Hastings

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 14 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
9 11

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

12. BIRTHPLACE (CITY OR TOWN) Roubauer (STATE OR COUNTRY) Missouri

FATHER 13. NAME Lee Hastings

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

MOTHER 15. MAIDEN NAME Agnes Blanford

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

17. INFORMANT Family Lee Hastings (ADDRESS) Roubauer, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Roubauer Cemetary DATE June 22, 1939

19. UNDERTAKER Refuge Budgett (ADDRESS) Roubauer, Mo.

20. FILED L-21- 1939 Wegall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1939, to June 21, 1939

I last saw him alive on June 20, 1939 Death is said

to have occurred on the date stated above, at 6:30 A.M.

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

Unknown Date of onset _____

Other contributory causes of importance: Unknown

Name of operation None Date of None

What test confirmed diagnosis? None Was 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 None, 1939

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

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 None

(Signed) J. W. McPheeters, M. D.
95 (Address) Poplar Bluff, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

