

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

Do not use this space.

1. PLACE OF DEATH

County M. Donald Registration District No. 518
Township Anderson Twp Primary Registration District No. 49-44
City Anderson R.F.D. (No. 5)

File No. 43942
Registered No. _____
St. _____ Ward _____

2. FULL NAME

400 Addie Bastow Hall
(a) Residence, No. Anderson R.F.D. St. _____ Ward _____

(Usual place of abode) (If non-resident, 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) w.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-12-1860
7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
79 6 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) (STATE OR COUNTRY) Iowa

MOTHER FATHER 13. NAME Geo. Bastow

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

15. MAIDEN NAME Sophia Oliver

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

17. INFORMANT O. D. Hall (ADDRESS) Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson Cemetery DATE 9-10-39

19. UNDERTAKER Tatum Funeral Home (ADDRESS) Anderson Mo.

20. FILED 12-31-1939 Miss Lee Hagler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-7-39 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1860 to 9-7- 1939
last saw him alive on 9-7- 1939 Death is said to have occurred on the date stated above, at 7:10 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset _____

Myocarditis 1936

Other contributory causes of importance: 93C

Name of operation none Date of _____
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? no 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? no
If so, specify _____
(Signed) J. B. Bone, M. D.
(Address) Anderson 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

District Health Officer No. 6,

District File Number 140-66

Date Filed Jan 5 1949