

Registration District No. 1089Primary Registration District No. 5136

Registrar's No.

1. PLACE OF DEATH:

(a) County Butler **FILED FEB 7 1940**
 (b) City or town Ellsinore, Mo Rural Rt 1
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Ellsinore, Mo. Rural Rt. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days _____

3. (a) PRINT FULL NAME Dillard Hassell 240

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Nov. 19, 1861
(Month) (Day) (Year)8. AGE: Years 78 Months 2 Days 23 If less than one day _____ hr. _____ min.9. Birthplace Wayne Co. Mo. (City, town, or county) (State or foreign country) Mo.10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 { 12. Name Allen Hassell
 { 13. Birthplace Unknown (City, town, or county) (State or foreign country)
 { 14. Maiden name Charity
 { 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jess Hassell(b) Address Ellsinore, Mo.17. (a) Burial (b) Date thereof Feb. 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Shiloh18. (a) Signature of funeral director Greer-Croy Service(b) Address Ponlar Bluff, Mo.19. (a) v (b) Rena Berry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
 (c) City or town Ellsinore Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rt. 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb. day 2
1940 year 1940 hour 9 minute A M.21. I hereby certify that I attended the deceased from 1-10, 1940, to 2-2, 1940
and that death occurred on the date and hour stated above.
that I last saw alive on 1-29, 1940

Immediate cause of death

Mitral Insufficiency
Chronic NephritisDue to _____
Due to 3/10Other conditions Endarteritis Obliterans
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature St. O'Leary (M. D. or other) _____
Address Ponlar Bluff, Mo. Date signed 2/3/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

1826

Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 1089
 (b) Township Cane Creek Primary Registration District No. 3134
 (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 Dillard Hassell

(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

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
 (write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>78</u>	<u>2</u>	<u>23</u>	

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

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 2-6 1940 Rena Berry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__

I last saw him alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance:

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) H. S. Clay, M. D.

(Address) Paplar Bluff 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

