

OCT 22 1934

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

Do not use this space.

33632

## 1. PLACE OF DEATH

County Emisont  
Township Hayti  
City (No. ....) St. .... Ward .....

Registration District No. 653  
Primary Registration District No. 5864

File No. 72  
Registered No. 72

## 2. FULL NAME

Troy Leon Ostaball  
(a) Residence No. Hayti St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 10, 1934</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<input checked="" type="checkbox"/>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<input checked="" type="checkbox"/>
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) <u>Near Hayti, Mo.</u>		
13. NAME <u>John Ostaball</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Landon, Tenn.</u>		
15. MAIDEN NAME <u>Alice Green</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Swanah, Tenn.</u>		
17. INFORMANT (ADDRESS) <u>John Ostaball Hayti, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Whites Cemetery</u> DATE <u>9-13-34</u>		
19. UNDERTAKER (ADDRESS) <u>Ray Undert. Co. Hayti, Mo.</u>		
20. FILED <u>9-13-34</u> <u>J. W. Rhoads</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1934 to Sept 12, 1934. I last saw him alive on Sept 12, 1934. Death is said to have occurred on the date stated above, at 4 P. M.. The principal cause of death and related causes of importance were as follows:  
undetermined  
200B  
gook

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) A. S. Shree, M. D.  
(Address) Hayti, 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.

