

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.

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

Do not use this space.

MAR 28 1935

6479

**1. PLACE OF DEATH**

County Putnam Registration District No. 718  
 Township \_\_\_\_\_ Primary Registration District No. 6430  
 City Unionville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME**

Teddy Lee Rask  
 (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 Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3 8 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
 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) Putnam Co mo

FATHER 13. NAME Loyd Rask

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co mo

MOTHER 15. MAIDEN NAME Ira Myrtle Brice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co mo

17. INFORMANT (ADDRESS) Loyd Rask Unionville, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE Feb 16 1935

19. UNDERTAKER (ADDRESS) Cornetuck Mead Co Unionville, mo

20. FILED Feb. 16 1935 J. W. Hillerman Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9 1935 to Feb. 14 1935

I last saw him alive on Feb. 14 1935. Death is said to have occurred on the date stated above, at 1:45 p.m.

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

Miscellaneous  
Bronchopneumonia

Date of onset  
1/30/35  
2/16/35

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) J. Neal Hartner, M. D.

(Address) Unionville

