

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

Do not use this space.

1. PLACE OF DEATH

5 County Barry Registration District No. 29
1 Township Flax Green Primary Registration District No. 4021
6 City Cassville (No. _____) St. _____ (Ward) _____

File No. 21863
Registered No. 47

2. FULL NAME

John Henderson Lathin
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-19-1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 5 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farm & Police officer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Galveston
(STATE OR COUNTRY) Texas

10. NAME OF FATHER John H Lathin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Drayton Co. Tenn
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Emeline Pindexter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Drayton Co. Tenn
(STATE OR COUNTRY) _____

14. INFORMANT John H Lathin
(Address) Cassville Mo

15. FILED 8/1, 1932 Mrs H.R. Williams
REGISTRAR Dpt.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 30 1932

17. I HEREBY CERTIFY, That I attended deceased from July 12 1932 to July 30 1932
that I last saw him alive on 7 P.M. July 30, 1932, and that death occurred, on the date stated above, at 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Parnechymatous 132A
Nephritis 132B
Prostatic enlargement 132C
Cystitis 132D
(duration) 2 yrs. 25 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis

(Signed) Ed McDaniel, M.D.

, 19 _____ (Address) Cassville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cassville Cem DATE OF BURIAL Aug 1 1932

20. UNDERTAKER Home - Lumber ADDRESS Cassville 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.

21863-8 JAN 21 1933

