

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.

OCT 27 1937

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

Do not use this space.

35557

1. PLACE OF DEATH

County Vernon
Township Washington
City _____ (No. _____)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 246
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. State Hospital #3 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. 10 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 Rose Martin Jaslin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15, 1891

7. AGE YEARS 45 MONTHS 9 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

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) Barry Co. Mo.

13. NAME Geo. Jaslin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo.

15. MAIDEN NAME Anna Dunlap

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

17. INFORMANT Geo. Jaslin Cassville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cassville Mo. DATE Sep 30 1937

19. UNDERTAKER Horne - Culler (ADDRESS) Cassville, Mo.

20. FILED Sep. 30 1937 Allen Hayes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1937 to Sept 30 1937

I last saw him alive on _____, 1937. Death is said to have occurred on the date stated above, at 7:30 a. m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset ?

Other contributory causes of importance: Chronic myocarditis with pulmonary congestion

Name of operation none Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no

If so, specify _____

(Signed) W. J. O'Neil M. D.
(Address) Merada, Mo.

Hayes