

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.

1. PLACE OF DEATH
94 County St. Francis Registration District No. 274
6 Township Flat River Primary Registration District No. 60180
6 City Flat River (No. 49) St. Flat River (Ward) 49

2. FULL NAME Temple Hastings
(a) Residence, No. Flat River, Mo. St. Flat River Ward. 49
(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.

2946
File No. 347
Registered No. 347

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 7 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) St. Francis Mo

13. NAME Unknown

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

15. MAIDEN NAME Sally Barnist

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis Mo

17. INFORMANT Ma. Lon Hastings
(ADDRESS) Flat River Mo

18. BURIAL, CREMATION, OR REMOVAL W. H. C. Smith
DATE 1-8 1933

19. UNDERTAKER Baldwell Bros
(ADDRESS) Flat River Mo

20. FILED Feb 8 1933 W. J. Wignar
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 26 1932 to Jan 6 1933
I last saw h.e.r. alive on Dec 6 1932 Death is said to have occurred on the date stated above, at 12:55 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy (rt side)
Hypostatic pneumonia
arteriosclerosis
Date of onset Dec 25

Other contributory causes of importance:
Hypostatic pneumonia
arteriosclerosis

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? no
If so, specify _____
(Signed) C. N. Appleberry M. D.
(Address) Flat River, Mo

