JUN 24 1927

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

Do not use this space.

11201 a

1. PLACE OF DEATH
County Cedar.
Township South Lum.
City ~~Omer, Mo;~~ (No. ..... St. ..... Ward)
Registration District No. 165
Primary Registration District No. 5231
File No. .....
Registered No. 4

2. FULL NAME Charles William Cassell.
(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 40 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 Mary Cassell.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2, 1861.
7. AGE: Years 66; Months 1; Days 16. If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Virginia.

PARENTS
10. NAME OF FATHER William Cassell.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Virginia.
12. MAIDEN NAME OF MOTHER Sarah Kegley.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Virginia.

14. INFORMANT Mrs Mrs G. G. Ray
(Address) Greenfield, Mo.

15. FILED June 19 27 E. S. Smith REGISTRAR
Mary Boyters

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April, 19Th, 1927.
17. I HEREBY CERTIFY, That I attended deceased from Feb-18, 1927, to April 17, 1927 that I last saw him alive on 4-17-27, 19....., and that death occurred, on the date stated above, at 6-Oclock a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis.
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 900
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) G B Stewart, M. D
, 19 (Address) Stockton. 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: Omer.
DATE OF BURIAL: April, 20 27.
20. UNDERTAKER: Earl J. Caldwell
ADDRESS: Lockwood

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.