JUN 24 1927

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

Do not use this space. 14245

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No.

Township: — Primary Registration District No. 1001 — Registered No. 535

City: St. Joseph, (No. Noyes Hospital St. Ward)

2. FULL NAME: Bessie F. Casey

(a) Residence. No. 619 Mt. Mora Road St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James E. Casey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July, 21, 1888

7. AGE: Years 38 — Months 9 — Days 26 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home.
(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): Leavenworth, Ks.

PARENTS

10. NAME OF FATHER: J.T. Butler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Miss Dorothes Casey
(Address) St. Joseph, Mo.

15. FILED 19 1927 John G. Jetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May, 17, 1927

17. I HEREBY CERTIFY, That I attended deceased from 10-1, 1926, to 5-17, 1927 that I last saw her alive on " , 19 , and that death occurred, on the date stated above, at 12.35 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pituitary Tumor extending into left temporal lobe.
53E (Malignant)
Probably (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ✓
(duration) yrs. mos. ds.

49

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

O DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Pathological

(Signed) E. A. Gemming, M. D.

5/18, 1927 (Address) St. Joseph 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: Mt. Auburn Cemetery — DATE OF BURIAL: May, 19, 1927

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.

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.