

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. CAUTION should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

AUG 17 1927

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

Do not use this space.

21913

1. PLACE OF DEATH

County Macou Registration District No. 527
Township Beverly Mo Primary Registration District No. 5703
City Beverly Mo (No.) St. Ward

File No.
Registered No. 23

2. FULL NAME Chas. Kassam

(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) Mrs Delia Kassam

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 12 - 1868

7. AGE YEARS 59 MONTHS 4 DAYS 0 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) Syria
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Webb Kassam

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Syria
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Syria
(STATE OR COUNTRY)

14. INFORMANT Mrs Chas Kassam
(Address) Beverly Mo

15. FILED 7/14 1927 Ted Peak
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1927

17. I HEREBY CERTIFY, That I attended deceased from July 10 1927 to July 12 1927 that I last saw alive on July 11 1927, and that death occurred on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cardiac renal complication
90B 95R

(duration) 3 yrs. mos. ds.

CONTRIBUTORY renal anasarca
(SECONDARY) (duration) 1 yrs. mos. ds.

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

18 DID AN OPERATION PRECEDE DEATH: DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS: Urinalysis & Blood Chem
(Signed) M. D.
, 19 (Address) per T. J. Worth

*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 West Parkwood DATE OF BURIAL 7/15/27

20. UNDERTAKER ADDRESS
 Beverly Mo

