JAN 13 1928

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

Do not use this space.

36467

1. PLACE OF DEATH

County: Franklin — Registration District No.: 294 — File No.: 1

Township: Meramec — Primary Registration District No.: 5412 — Registered No.: 37

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Zona Casey

(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: 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: H. Casey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 19 1878

7. AGE: 49 YEARS — MONTHS: — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(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): Tuscumbia Mo

PARENTS

10. NAME OF FATHER: Geo. Bridsong
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Zumall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cant/Cnow.

14. INFORMANT: H. Casey
(Address): Sullivan R#4

15. FILED Jan 6 1928 Jas. P. Dunigan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec-24 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec-14, 1927, to Dec-24, 1927, that I last saw her alive on 12/23 8:30 a.m., 1927, and that death occurred, on the date stated above, at ..... a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia
1390 A
1390 B (duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY): Nephritis
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1298
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. E. Kitchell, M.D.
12/25, 1927 (Address) St. Clair.

*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: Prospect Cemetery — DATE OF BURIAL: 12/27 1927

20. UNDERTAKER: Casey & Co. — ADDRESS: St. Clair.

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.