WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT

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

County..... Registration District No. 791 1003

Township..... Primary Registration District No.....

City..... (No. ..... St. ..... Ward)

File No. 22581

Registered No. 6805

2. FULL NAME William Cason

(a) Residence. No. 2604 - Rear Franklin Ward. 21 (If nonresident give city or town and State)
(Usual place of abode)

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: Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25th 1887

7. AGE: Years 40 Months 6 Days XX If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 23A 11A

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fulton
(STATE OR COUNTRY) Calloway Co. Mo

PARENTS

10. NAME OF FATHER Joseph Cason

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fulton
(STATE OR COUNTRY) Calloway Co. Mo

12. MAIDEN NAME OF MOTHER Susian Fawinger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fulton
(STATE OR COUNTRY) Calloway Co. Mo

14. INFORMANT Mrs. Sallie Hall
(Address) 1921 - Lucas Ave

15. FILED 20 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25th 1928

17. I HEREBY CERTIFY, That I attended deceased from June 18, 1928 to June 23, 1928 that I last saw him alive on June 23, 1928, and that death occurred, on the date stated above, at 10:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of the Lungs

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Le Grippe

(duration) ..... yrs. ..... mos. ..... ds.

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

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) T. J. Jones, M. D

6/26/28 (Address) 2603 Morgan

*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: Greenwood Cem. DATE OF BURIAL 7/1 1928

20. UNDERTAKER R. C. Houston ADDRESS 4531 Lucky St.