MAY 23 1930

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

Do not use this space.

11940

1. PLACE OF DEATH
County Cape Girardeau Mo Registration District No. 125
Township Cape Girardeau Mo Primary Registration District No. 5178
City Cape Girardeau (No. 1 Mo St. Ward)

File No.
Registered No. 378

2. FULL NAME James S. Casey
(a) Residence. No. R.F.D. #1 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): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 15 - 1861
7. AGE: 68 YEARS, 8 MONTHS, 6 DAYS. 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): Tenn

PARENTS
10. NAME OF FATHER: Unknown
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: Mrs. Chas. E. Casey
(Address) R.F.D. #1

15. FILED 4/22 1930 W. Kaempfer REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 1929, to April 21 1930, that I last saw him alive on April 20 1930, and that death occurred, on the date stated above, at 7 A.m.

132A THE CAUSE OF DEATH* WAS AS FOLLOWS:
106D Cardiac Insufficiency
95B (Years standing) Aggravated by Bronchitis
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Frequent exam
(Signed) J. A. McGuerty, M. D.
, 19 (Address) 222 H. H. Bldg.

*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: Fairmont
DATE OF BURIAL: April 22 1930
20. UNDERTAKER: A. Brinkopf
ADDRESS: 536 Broadway

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.