

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

Do not use this space.

12435

1. PLACE OF DEATH

County Howard
Township Chardon
City Glasgow (No., Ward)

Registration District No. 379
Primary Registration District No. 6223

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.

(Usual place of abode) Length of residence in city or town where death occurred 64 yrs. 9 mos. 22 ds. How long in U.S., if of foreign birth? 64 yrs. 9 mos. 22 ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Bell Caskey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-9-1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hr. or ... min.
64 9 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Benver Liggett (Address) Glasgow, Mo.

15. FILED 4-29 Ch Temple REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-20 1930

17. I HEREBY CERTIFY, That I attended deceased from 3 1, 1930, to 4 19, 1930, that I last saw him alive on 4-19, 1930, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chorea Salivaria Heart Liver
92A
133C

CONTRIBUTORY Chorea Salivaria Heart Liver (SECONDARY) Chorea Salivaria Heart Liver (duration) 1 1/2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 92A IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH DATE OF: 92A WAS THERE AN AUTOPSY? 92A

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. S. Hittner, M. D.

4-20, 1930 (Address) Glasgow, Mo.

*State the DISEASE CAUSING DEATH, as 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 Washington Cemetery DATE OF BURIAL April 29, 1930

20. UNDERTAKER Jerry Hillen ADDRESS Glasgow, Mo.

X. R.—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.

76 1930

Certificate of Death

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