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

Do not use this space.
12715

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1612
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Maud R. McCaslin
(a) Residence. No. 1907 Linwood Blvd. St., 13 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF M. G. McCaslin (Deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 18, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	57	6	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Domestic duties 66
(b) General nature of industry, business, or establishment in which employed (or employer): at home 930
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) West Va.

PARENTS
10. NAME OF FATHER Jach Rhinehart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) W Va
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ruth Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) W Va

14. INFORMANT Mrs. R.H.Smith, (Dau.)
(Address) 1907 Linwood, K.C.Mo.

15. FILED 4/14, 30 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 — 11 1930

17. I HEREBY CERTIFY, That I attended deceased from March 12, 1930, to April 11, 1930, that I last saw h. alive on April 10, 1930, and that death occurred, on the date stated above, at a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial exhaustion with tachycardia, fibrillation & failure (acute thyroid crisis)
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) Thyrotoxicosis
(duration) 13 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? yes
WHAT TEST CONFIRMED DIAGNOSIS? Basal Metabolic Rate +
(Signed) Paul H. Humphrill, M. D.
4/12, 1930 (Address) 702 Argyle 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: Mt. Moriah Cemetery — DATE OF BURIAL: 4/14/30
20. UNDERTAKER: Mellody McGilley Funeral Home, Inc. — ADDRESS: K.C.Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD