JUN 24 1930

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

85

Do not use this space.

15373

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 594

City: St. Joseph, (No. 2002½ St. Joseph Ave. St. Ward)

2. FULL NAME Robert A. 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 42 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar, 17, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	42	1	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Blind, Fruit Vender

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

(c) Name of employer: Self.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co, Mo.

PARENTS

10. NAME OF FATHER: Newton Casey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

12. MAIDEN NAME OF MOTHER: Susie Dinwiddie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

14. INFORMANT: Mrs. Martha Casey (Address) 2002½ St. Joe Ave.

15. FILED MAY 16 1930, 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May, 14, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from viewed on May, 14, 1930, 19, to, 19, that I last saw him alive on, 19, and that death occurred, on the date stated above, at 12.20 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Syphilis

34

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): none

(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? History

(Signed) B. W. Tadlock Coroner M. D.

5/14, 1930 (Address) St Joseph Mo

*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	DATE OF BURIAL
Mt. Auburn Cemetery	May, 16, 1930

20. UNDERTAKER	ADDRESS
Walter Meinhoffer	1302 Faraon St.

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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD