

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

Do not use this space.

0123813

2011

**1. PLACE OF DEATH**

County Madison  
Township \_\_\_\_\_  
City Fredericktown (No. \_\_\_\_\_)

Registration District No. 689  
Primary Registration District No. B029

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Wayman 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE B. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
40      10      0

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

9. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER John Casey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Farmington  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Hariett Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Farmington  
(STATE OR COUNTRY) Mo.

14. INFORMANT Mildred Davis  
(Address) Fredericktown Mo.

15. FILED 30 19 30 @ W.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended (received from) \_\_\_\_\_  
Did not see patient alive  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic bronchitis  
106B  
(duration) 1 yrs. 6 mos. ds.  
CONTRIBUTORY Valvular heart  
(SECONDARY) lesion  
(duration) 6 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) W. H. Barron M. D.  
6-6-30 (Address) Fredericktown 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 \_\_\_\_\_  
Fredericktown Mo June 6 1930

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
Ed. H. Webb, Fredericktown Mo.

