SEP 26 1930

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

Do not use this space.

27443

File No.
Registered No. 79

1. PLACE OF DEATH
County Nodaway
Township ~~Polk~~
City Maryville (No. , St. Ward)

Registration District No. 628
Primary Registration District No. 3031

2. FULL NAME Melissa Jane 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Chas. M. Casey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-9-1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	22	

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

9. BIRTHPLACE (CITY OR TOWN) Bath County
(STATE OR COUNTRY) Kentucky

PARENTS
10. NAME OF FATHER Thos. Holland
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

14. INFORMANT Chas Casey, Jr
(Address) Maryville Mo.

15. FILED 9-2-1930 C. P. Fryer REGISTRAR
MEC

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31st 1930

17. I HEREBY CERTIFY, That I attended deceased from July 12th, 1930, to Aug 31st, 1930, that I last saw h. alive on Aug 30th, 1930, and that death occurred, on the date stated above, at 5 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
multiple Sclerosis
8713

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY)
(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? none
(Signed) L. D. Eaton, M. D.
, 19 (Address) Maryville 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
Burlington Jct. Mo	Sept 2 1930
20. UNDERTAKER	ADDRESS
Price Furn Co	Maryville

Exact statement of OCCUPATION is very important. If married, widowed, or divorced, state husband or wife. This information may be properly classified.