

NOV 3 1930

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

31800

Do not use this space.

1. PLACE OF DEATH

County Saline
Township Marshfield
City Marshfield, Mo.

Registration District No. 796
Primary Registration District No. 3038

File No. 121
Registered No. 121
St. Marshfield Ward 1

2. FULL NAME

Henry Clay Casey

(a) Residence. No. 121 St. Marshfield Ward 1
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 23, 1844
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 11 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Allen Casey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Margaret Wallace
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

14. INFORMANT Mrs. H. C. Casey
(Address)

15. FILED 9-19, 1930 Mrs. John H. McQuinn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 14 19 30

17. I HEREBY CERTIFY, That I attended deceased from 1910 to Sept. 14, 19 30
that I last saw him alive on Sept. 14, 19 30 and that death occurred, on the date stated above, at 12:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Nephritis
137
130 (duration) yrs. mos. ds.
CONTRIBUTORY Enlarged Prostate
(SECONDARY) Progressive (duration) 25 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH X
DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept. 10, 1930
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Lab.
(Signed) R. L. Lawless, M. D.
Sept. 15, 1930 (Address) Marshfield, 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 Green Rock Cem. DATE OF BURIAL Sept. 16, 1930
20. UNDERTAKER J. Leslie Sweeney ADDRESS Marshfield, 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.

