

NOV 21 1930

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

Do not use this space.

32085

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 205
St. Ward)

2. FULL NAME

Mrs Lydia A Casley
(a) Residence, No. Lake View 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 0 8

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

9. BIRTHPLACE (CITY OR TOWN) near Columbia
(STATE OR COUNTRY) Boone Co Mo

10. NAME OF FATHER William Boggs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) near Columbia
(STATE OR COUNTRY) Boone Co Mo

12. MAIDEN NAME OF MOTHER Frances Hopper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) near Columbia
(STATE OR COUNTRY) Boone Co Mo

14. INFORMANT Mrs William Jones
(Address) Lake View

15. FILED 10/6 1930 F. C. Suggitt REGISTRAR
by [signature]

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at 2:45 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic myocarditis.
432
11571

CONTRIBUTORY (SECONDARY) Senility (duration) Don't know yrs. mos. ds.
Don't know (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT A PLACE OF DEATH
4 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? [initials]

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Robert W. Simpson M. D.
Oct 5, 1930 (Address) Columbia

*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 Columbia Cemetery DATE OF BURIAL Oct 13, 1930

20. UNDERTAKER B. H. Baker ADDRESS Columbia

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.

