DEC 20 1930

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

Do not use this space.

35372

85

1. PLACE OF DEATH

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

Township — Primary Registration District No. — Registered No. 1194

City St. Joseph, (No. 702 S. 11th St. Ward)

2. FULL NAME Velma DeCasnett

(a) Residence. No. 702 South IIth Str St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 8. 1906

7. AGE: Years 24 — Months 0 — Days ~~27~~ 26 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Packer

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

(c) Name of employer: Aunt Jemima Mills

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): King City, Missouri.

PARENTS

10. NAME OF FATHER: Frank DeCasnett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Salt Lake City, Utah

12. MAIDEN NAME OF MOTHER: Ora McMillan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): King City, Missouri

14. INFORMANT: Lloyd DeCasnett
(Address) 702 So. IIth Street

15. FILED 5 1930, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): November. 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 5/30p.m.

210 M

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Injuries received when Auto in which She was riding upset, in Andrew County, Driving to fast, not blinded by lights (duration) She was not driving, yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

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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.

Nov. 5th 1930 (Address) 821 Francis

*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: St. Joseph Memorial Park Cemt

DATE OF BURIAL: Nov. 6 1930

20. UNDERTAKER: H. O. Sidenfaden

ADDRESS: 1802 Union Str

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.