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

Do not use this space.

4809

APR 21 1931

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 129
Township Shaney Primary Registration District No. 5180
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 8

2. FULL NAME Doyle Ray Kassel
(a) Residence. No. RFD #1 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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31 - 1929

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	5	23	

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

9. BIRTHPLACE (CITY OR TOWN) Cape
(STATE OR COUNTRY) Co Mo

PARENTS
10. NAME OF FATHER Charles G Kassel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cape
(STATE OR COUNTRY) Co Mo
12. MAIDEN NAME OF MOTHER Amanda Schlimme
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape
(STATE OR COUNTRY) Co Mo

14. INFORMANT Mr Chas G Kassel
(Address) RFD #1

15. FILED 2-24 1931 F. J. Schoen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 22d, 1931, to Feb 23, 1931 that I last saw him alive on Feb 23, 1931, and that death occurred, on the date stated above, at 11 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
8
10 11 15
..... (duration) ..... yrs. ..... mos. 4 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) O J Miller, M. D.
2/23, 1931 (Address) Egypt Mills 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
Egypt Mills Cemt	Feb 24 1931

20. UNDERTAKER	ADDRESS
Haman's Funeral Home	Cape Girardeau 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.