MAR 24 1931

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

Do not use this space.

File No. 5178
Registered No. 106

1. PLACE OF DEATH

County: Greene — Registration District No. 318
Township: — Primary Registration District No. 2001
City: Springfield (No. 2005 N. Weller St. Ward)

2. FULL NAME Infant Allen Cassidy

(a) Residence. No. 2005 N. Weller 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: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 12 1931

7. AGE: Years —; Months —; Days 26; If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN): Springfield
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Marshal M Cassidy
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Texas
12. MAIDEN NAME OF MOTHER: Marie M Bates
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo

14. INFORMANT: Marshal M. Cassidy
(Address) 2005 N. Weller

15. FILED 2-9, 1931 Tom Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-6-1931

17. I HEREBY CERTIFY, That I attended deceased from 2-6, 1931, to 2-7, 1931, that I last saw h. ~~know~~ alive on 2-7, 1931, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
IIB

(duration) yrs. 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? Clinical
(Signed) Henry Kuah, M. D.
2/7, 1931 (Address) 450 E. Cook

*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: Hazelwood Cemetery — DATE OF BURIAL: Feb 8 1931

20. UNDERTAKER: J. W. Klingner & Co — ADDRESS: 424 E. Cook St. Springfield 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.

PERMANENT RECORD

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