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

Do not use this space.

6781

1. PLACE OF DEATH
County St Clair
Township Osceola
City Osceola (No. ..... St. ..... Ward)

Registration District No. 765
Primary Registration District No. 446a

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

2. FULL NAME Andrew Jackson McCaslin

(a) Residence. No. ..... 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.

APR 27 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
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 Cora McCaslin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April-17-1872

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58 ~~58~~	10 ~~10~~	9 ~~9~~	

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) Vernon Co.
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Henry McCaslin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Sarah Riggs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill

14. INFORMANT Carr McCaslin
(Address) .....

15. FILED 4/10 1931 Ruth Severs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1931, to 2-25 1931, that I last saw him alive on 2-25 1931, and that death occurred, on the date stated above, at 1 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
arteria-sclerosis
97
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Ruth Severs, M. D.
2/26, 1931 (Address) Osceola, 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 Ridds Cemetary
DATE OF BURIAL Feb 27 1931

20. UNDERTAKER W. Olney Austin
ADDRESS Osceola Mo