

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

Do not use this space.

18123

1. PLACE OF DEATH

County Jackson
Township Hann
City Keosauqua

Registration District No. 102
Primary Registration District No. 5827 E 11

File No. _____
Registered No. 1004
St. 12th Ward

2. FULL NAME

(a) Residence No. 5827 E 11 St. 12 Ward 8
(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 Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 28-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 1 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

10. NAME OF FATHER A. W. Cassity

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Martha McClintock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT Fred B. Cassity
(Address) 5827 E 11

15. FILED 5/19 1931 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-19 1931

17. I HEREBY CERTIFY, That I attended deceased from 5-17 1931 to 5-18 1931 that I last saw him alive on May 6 1931 and that death occurred, on the date stated above at 6 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Hypostatic Pneumonia
Neither broncho or lobar
(duration) yrs. mos. ds. 3

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) C. R. Crooks, M. D.
5/19, 1931 (Address) 6235 E. 15.

*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 Mt. Washington DATE OF BURIAL 5-20 1931

20. UNDERTAKER Mrs. C. L. Forster ADDRESS K. C. Mo.

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.

6235 E. 15 - Be-D140

V2-7134

5 pm