

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

Do not use this space.

30456

1. PLACE OF DEATH

County Andrew Registration District No. 26
Township Attorney Primary Registration District No. 3002
City Mexico mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. 112

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 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. 21 - 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
11 8 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Mexico mo
(STATE OR COUNTRY) _____

10. NAME OF FATHER Jesse Cassin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mexico mo
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Rosal Bonnett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Boone mo

14. INFORMANT Jesse Martin
(Address) Mexico mo

15. FILED Sept 24 1931 Ina S Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 22nd 1931

17. I HEREBY CERTIFY, That I attended deceased on Sept 21, 1931, to Sept 22, 1931, that I last saw him alive on Sept 22, 1931, and that death occurred, on the date stated above, at 2:53 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute appendicitis followed by bacterial peritonitis
1218
129 (duration) yrs. mos. ds.
CONTRIBUTOR (SECONDARY) 21 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mexico, Mo.

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9/21/1931
WAS THERE AN AUTOPSY? None
WHAT TEST CONFIRMED DIAGNOSIS Clinical findings
(Signed) J. C. Brashear, M. D.
9/22/31 (Address) Mexico, 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 Mexico mo DATE OF BURIAL Sept 24 1931
ADDRESS _____

20. UNDERTAKER McPheters Bros ADDRESS Mexico mo

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.

OCT 22 1931

