

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

Do not use this space.

8004

1. PLACE OF DEATH  
36 County Franklin Registration District No. 295  
6 Township \_\_\_\_\_ Primary Registration District No. 4179  
2 City Sullivan (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lucy J. Casey  
(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 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John W. Casey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19, 1863

7. AGE YEARS 68 MONTHS 3 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Missouri

MOTHER FATHER  
13. NAME John W. Hanson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 31

MOTHER FATHER  
15. MAIDEN NAME Not known  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) John W. Casey Sullivan Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buffalo Cem. DATE Mar. 6 1932

19. UNDERTAKER (ADDRESS) J. J. Williams Sullivan Mo.

20. FILED 3-4- 1932 J. J. Durigan Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1932, to Mar 3, 1932  
I last saw her alive on Mar 3, 1932 Death is said to have occurred on the date stated above, at 8:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Acute Cardiac dilation Date of onset \_\_\_\_\_  
11011060  
95B  
Other contributory causes of importance: Influenza & Bronchitis (1)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis physical exam Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) R. P. Payne, M. D.  
(Address) Sullivan 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.

APR 26 1932

