WHITE PLAINLY, WITH UNFADING INKEITHIS 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.

AUG 23 1932

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

22321

1. PLACE OF DEATH
25 County Clinton — Registration District No. 204 — File No.
Township Shoal — Primary Registration District No. 5282 — Registered No. 32
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Henry C. Dassel
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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) June 24 1871

7. AGE: YEARS 61 — MONTHS ~~26~~ — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

PARENTS
10. NAME OF FATHER Geo. Dassel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany 10
12. MAIDEN NAME OF MOTHER not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Joe Lohman (Address) Cameron Mo

15. FILED 7/21, 1932 H C H Risley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1932

17. I HEREBY CERTIFY, That I attended deceased from July 19, 1932, to July 20, 1932, that I last saw him alive on July 20, 1932, and that death occurred, on the date stated above, at 11 A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Killed by accident
Perforation of intestine
Kicked by cow.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 188 188 69
(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 (1)
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. L. Peters, M. D.
July 21, 1932 (Address) Cameron 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: Packard Cemetery — DATE OF BURIAL: 7/21 1932

20. UNDERTAKER: J. W. Poland — ADDRESS: Cameron