

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

Do not use this space.

24716

**1. PLACE OF DEATH**

County..... Registration District No. 79L 1000  
Township..... Primary Registration District No. City  
City..... No. St. Louis Ward.....

File No. 6861  
Registered No. 6861  
St. .... Ward)

**2. FULL NAME**

Francis Casman  
(a) Residence, No. 5800 Arsenal St. 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/29/1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 9 28

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prof.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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) Wisconsin

FATHER  
13. NAME John White

14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Wisconsin

MOTHER  
15. MAIDEN NAME ella White

16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Wisconsin

17. INFORMANT (ADDRESS) M. Hoffman

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE July 25 1932

19. UNDERTAKER (ADDRESS) W. J. Kelly

20. FILED JUL 24 1932 Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to July 22, 1932  
I last saw her alive on 7-20, 1932 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Heart Prostration Date of onset 30  
430  
1011  
191  
Other contributory causes of importance:  
Chol. Bacteroides

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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? no  
If so, specify.....  
(Signed) R. H. Moore M. D.  
(Address) 5800 Arsenal

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.

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

