Rowe

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

Do not use this space.

1. PLACE OF DEATH

12 County Butler — Registration District No. 89 — File No. 31555

2 Township ~~Poplar Bluff~~ — Primary Registration District No. 3007 — Registered No. 170

7 City Poplar Bluff (No. ..., ... St. ..... Ward)

2. FULL NAME Frances Cassity

(a) Residence, No. 1018 Park Ave. 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. 1 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: Oscar Cassity

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 26, 1870

7. AGE: YEARS 62 — MONTHS 8 — DAYS 9 — 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): Indiana 2

FATHER

13. NAME: Bumgardner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER

15. MAIDEN NAME: Betty Caarty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Oscar Cassity, 1018 Park Ave. Poplar Bluff

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Woodlawn DATE Oct. 9, 1932

19. UNDERTAKER (ADDRESS): Greer Undertaking Co. Poplar Bluff, Mo.

20. FILED Oct 10, 1932 B. J. Cline Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 5, 1932
I last saw her alive on Oct 5, 1932. Death is said to have occurred on the date stated above, at 9:05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of stomach	12 mos
46 B	
46 B	

Other contributory causes of importance:

(1)

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? .....
If so, specify .....
(Signed) Alfred R Rowe, M. D.
(Address) Poplar Bluff Mo

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

NOV 21 1932