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

Do not use this space.

1. PLACE OF DEATH Veterans' Administration Hospital
County Jackson — Registration District No. 399 — File No. 5700
Township Kaw — Primary Registration District No. 3983 — Registered No. 651
City Kansas City, Mo. (No. U. S. Veterans' Hospital St. Ward)

2. FULL NAME CASPERSON, Edward — C-None — 202-10
(a) Residence, No. 508 Pearl St. St., Ward. — Pvt. Inf.
(Usual place of abode) (Joplin, Missouri. (If nonresident, give city or town and State)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs. Eutopia Casperson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	3	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber
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) New Jersey

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE La Junta Colorado DATE 2-19 1933

19. UNDERTAKER (ADDRESS) Thompson Mortuary Reno

20. FILED 2/9 1933 M. M. Brown Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1933 to Feb. 8, 1933
I last saw him alive on Feb 8, 1933. Death is said to have occurred on the date stated above, at 11:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis with occlusion bilateral	Unknown

Other contributory causes of importance:

Nephritis, chr. diffuse	Unknown
Arteriosclerosis, General	Unknown
Cardiac Hypertrophy & Dilatation	Unknown

Name of operation --- Date of
What test confirmed diagnosis? Phys. Exam. Was there an autopsy? Yes

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) W. E. Chambers, M. D.
(Address) W. E. CHAMBERS, Med. Officer in Charge
Vet. Adm. Hosp. Kansas City, 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.

SEP 6 1946