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

Do not use this space.

File No. 20480

Registered No. 11

1. PLACE OF DEATH

71 County: Morgan Registration District No. 601

Township: Richland Primary Registration District No. 5796

City: Florence (No. ..., ... St. ..... Ward)

2. FULL NAME John Franklin Casdorph

(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 ... 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~~ Anna Frances Tiemer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	72	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant

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 16 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florence Mo

FATHER

13. NAME George Casdorph

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

MOTHER

15. MAIDEN NAME Mary Baughman

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

17. INFORMANT Ross Casdorph
(ADDRESS) 924 E. Broadway Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~July 1~~ Florence Mo. DATE July 1 1933

19. UNDERTAKER Papp & Son
(ADDRESS) Stover, Mo.

20. FILED June 30 1933 Mrs. Edwin Brenner Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to June 29, 1933, I last saw him alive on June 29, 1933. Death is said to have occurred on the date stated above, at 1:10 p.m.

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

	Date of onset
Chron. Myocarditis	
131	
93C	131

Other contributory causes of importance: Chron. Int. Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

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) E. E. Hulsey, M. D.

(Address) Smithton 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.

JUL 28 1933

THIS IS A PERMANENT RECORD