

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.

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

Do not use this space.

20752

File No. 2
Registered No. 15
St. _____ Ward _____

1. PLACE OF DEATH

County Polaski
Township Embury
City _____

Registration District No. 714
Primary Registration District No. 5444

2. FULL NAME

Joseph P. Thomas Cassidy
(a) Residence. No. _____ St. _____ Ward _____
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Estimant Cassidy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20, 1872

7. AGE YEARS MONTHS DAYS
60 7 10
If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Roby Mo.
(STATE OR COUNTRY) Texas Mo.

10. NAME OF FATHER Thomas A Cassidy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Rivett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

14. INFORMANT E. D. Cassidy
(Address) Palace Road

15. FILED 7/6 1933 S. G. Koonce
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1933

17. I HEREBY CERTIFY, That I attended deceased from June 16th 1933, to June 31 1933, that I last saw him alive on June 16 1933, and that death occurred, on the date stated above, at 11 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23 R L3

CONTRIBUTORY Worked in mine (died)
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Bellevue

DID AN OPERATION PRECEDE DEATH no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS General

(Signed) E. G. Elbert, M. D.

6/30 1933 (Address) Waynesville, 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

DATE OF BURIAL

Palace Cem.

7/11 1933

20. UNDERTAKER

ADDRESS

C. L. Vang Lu & Son Blountland

