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

Do not use this space.

35673

1. PLACE OF DEATH
County Boone, Registration District No. 73
Township Columbia, Primary Registration District No. 3006
City Columbia (No. ..... St. ..... Ward)
File No. .....
Registered No. 225

2. FULL NAME No name, Lived about 3 minutes.
(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: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: X

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 6 - 33

7. AGE: Years | Months | Days | If LESS than 1 day, ... hrs. or 3 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbia Mo.

PARENTS
10. NAME OF FATHER: R. J. Cassidy Jr.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Columbia Mo.
12. MAIDEN NAME OF MOTHER: Betty Morrison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dalton Dalton, Mo.

14. INFORMANT: Mother
(Address): Columbia Mo

15. FILED 11/24, 1933. Allie Selby, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 6 - 1933.

17. I HEREBY CERTIFY, That I attended deceased from one Nov. 6 - 1933, to ....., 19..., that I last saw her alive on Nov. 6, 1933, and that death occurred, on the date stated above, at 12:48 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth
About a 7 mo. baby
weighed 2 lbs.
159 (duration) Few minutes yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. P. Dysart, M.D.
, 19 (Address) Columbia 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: At home
DATE OF BURIAL: 11-6-193

20. UNDERTAKER: Family
ADDRESS: Columbia

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