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

Do not use this space.

36662

**1. PLACE OF DEATH**

County Jackson — Registration District No. 3 2 9 — File No.

Township Kaw — Primary Registration District No. 1 0 0 — Registered No. 4585

City Kansas City (No. 3205 Penn St. Ward)

**2. FULL NAME** Edw. Cassidy

(a) Residence, No. 3205 Penn St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 74 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. Katherine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9th. 1858

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 1 | 10 | |

**OCCUPATION**

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Asst. Chief Fire Dept.

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) Penn.

**FATHER**

13. NAME No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

**MOTHER**

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT Ino. Nee
(ADDRESS) 3024 Holmes

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 11/23/33, 19

19. UNDERTAKER W. F. Mayberry
(ADDRESS) City

20. FILED Nov. 23, 1933 M. M. Crowe Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/20/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to Nov 20, 1933

I last saw him alive on Nov 20, 1933 Death is said to have occurred on the date stated above, at 505P m.

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

Chronic Myocarditis — Date of onset

936

11

Other contributory causes of importance:

Arteriosclerosis

Name of operation City — Date of

What test confirmed diagnosis? 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) W. P. Fish M. D.

(Address) 910 Argyle Bldg

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.

Dr [illegible]
[illegible]
[illegible] 8665