

STATE OF MISSOURI is very important.

JAN 28 1934

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

Do not use this space.

40702

1. PLACE OF DEATH

61 County Macon
Township Hudson
City..... (No..... St..... Ward)

Registration District No. 533
Primary Registration District No. 5713

File No.....
Registered No. 2

2. FULL NAME Casper Losey

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 5 17

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

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 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MILTON Co IND

13. NAME Samuel Losey

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

15. MAIDEN NAME Rachel Coffman

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

17. INFORMANT Ethel Easter (ADDRESS) Macon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Westfield, Ind. DATE Dec 21 1933

19. UNDERTAKER Albert Skinner (ADDRESS) Macon, Mo.

20. FILED Dec 30 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 19 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/14 - 1933, to 12/19 1933
I last saw him alive on 12-17-1933 Death is said to have occurred on the date stated above, at 7:15 A.M.

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

Recurrent ulcerating carcinoma of Prostate with metastasis to Stomach

Date of onset 1932

Other contributory causes of importance: 51

Name of operation None Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) A. L. Cumber, M. D.
(Address) Macon Mo

