

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

Do not use this space.

8931

1124

APR 25 1934

1. PLACE OF DEATH

County JACKSON Registration District No. 215
Township RAW Primary Registration District No. 1007
City KANSAS CITY (No. ST. LUKE'S HOSPITAL) St. _____ Ward) _____

File No. _____ Registered No. _____

2. FULL NAME LESTER F. CASEY

(a) Residence, No. 111 PARIE St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 5 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amey. R. Express
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brooklyn New York

FATHER 13. NAME Isaac Casey

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

MOTHER 15. MAIDEN NAME Eliza Conroy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs. Florence Spencer St. Louis, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE March 12 1934

19. UNDERTAKER (ADDRESS) D. W. Newcomb's Sons 2111 - East 9th St.

20. FILED March 12, 1934 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 9 - 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on Mar 9, 1934. Death is said to have occurred on the date stated above, at 2:15 P. m.

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

450
93 E
Carcinoma of the Spleen
& Extensive ulceration regional involvement
Other contributory causes of importance:
Cardiac failure
Anemia
Arteriosclerosis
Chronic nephritis
Chronic bronchitis
Chronic pyelitis
Chronic cystitis
Chronic prostatitis
Chronic urethritis
Chronic vaginitis
Chronic cervicitis
Chronic colpitis
Chronic vaginosis
Chronic vulvitis
Chronic vulvovaginitis
Chronic vulvodynia
Chronic vulvovaginitis
Chronic vulvodynia
Chronic vulvovaginitis
Chronic vulvodynia

Name of operation X-ray treatment Date of operation March 12 1934

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

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) Theresa M. Brown M. D.
(Address) St. Luke's Hospital Kansas City, 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.

105 27 00 00

St.
Ferdinand C. Kelwig,