

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

Do not use this space.

9367

1. PLACE OF DEATH

49 County Jasper Registration District No. 411
 5 Township Galena Primary Registration District No. 2002
 5 City Joplin (No. _____) St. _____ Ward _____

2. FULL NAME

Roy Caswell
 (a) Residence, No. West County Line St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 Annie Caswell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
29 11 24

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

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) March 17, 1934 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo

13. NAME Charles Caswell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo

15. MAIDEN NAME Mattie Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo

17. INFORMANT Charles Caswell

(ADDRESS) Joplin, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hairview DATE May 22, 1934

19. UNDERTAKER Samuel Mortuary

(ADDRESS) Joplin Mo

20. FILED 3-20 1934 Ed James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1934 to Nov. 17, 1934
 I last saw him on Nov. 18, 1934 Death is said to have occurred on the date stated above, at 1:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia
hemorrhage
25
 Other contributory causes of importance:
Delayed diagnosis
Pulmonary Tuberculosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) W. J. Hogan, M. D.

(Address) Casper

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.

