WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 25 1934

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

Do not use this space.

File No. 11949
Registered No. 425

1. PLACE OF DEATH
County Buchanan — Registration District No. ____
Township ____ — Primary Registration District No. ____
City St.Joseph, (No. St.Joseph,s Hospital St. ____ Ward)

2. FULL NAME Herbert Cass
(a) Residence, No. ____ St., ____ Ward. Marysville,Kansas.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 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: Beatrice May Cass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 20. 1889.

7. AGE: YEARS 44 — MONTHS 9 — DAYS 16 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Locomotive Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: St.Josep & G I R R
10. Date deceased last worked at this occupation (month and year): March,1934
11. Total time (years) spent in this occupation: 16.Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tennesse

FATHER
13. NAME: Lewis M Cass
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Ida May
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Beatrice May Cass 307 Jenkins Str Marysville,Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marysville,Kansas DATE April.8.1934.

19. UNDERTAKER (ADDRESS): H.O.Sidenfaden Funeral Home 1802 Union Street,St.Joseph,MO.

20. FILED 4-6 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April. 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/2/34, 19__, to 4/6/34, 19__
I last saw him alive on 4/6/34, 19__ Death is said to have occurred on the date stated above, at 2/30.a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3/29/34

Other contributory causes of importance:

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) [signature], M. D.
(Address) 301 N 8 St Joseph Mo