

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

Do not use this space.

1. PLACE OF DEATH

County Cassell
Township Cassell
City Cassell

Registration District No. 135
Primary Registration District No. 3010

File No. 16015
Registered No. 50
St. _____ Ward _____

2. FULL NAME

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

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-3-1862</u>				
7. AGE	YEARS <u>71</u>	MONTHS <u>10</u>	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u>				
FATHER	13. NAME <u>unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u>			
MOTHER	15. MAIDEN NAME <u>Ginetta Woolston</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u>			
17. INFORMANT <u>Mrs. Nathan Woolston</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Cory</u>		DATE <u>5-7-1934</u>		
19. UNDERTAKER <u>Wills Funeral Home</u>				
(ADDRESS) <u>Cassell, Mo.</u>				
20. FILED <u>5-8</u> 19 <u>34</u> <u>Putte Haskins</u> Registrar				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1934, to 5-7, 1934.

I last saw him alive on 5-7, 1934. Death is said

to have occurred on the date stated above, at 7:30 a.m.

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

Mitral regurgitation

92A

95B

Other contributory causes of importance:

Cardiac distention

Date of onset

Name of operation _____ 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? _____

If so, specify _____

(Signed) R.M. Benson J. H. Lewis, M. D.

(Address) Cassell, Mo.

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 CAUSE OF DEATH is very important.

