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.

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

JAN 8 1935

Do not use this space.
39661
5273

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 2900 Euclid Ave. St. Ward)

File No.
Registered No.

2. FULL NAME Mrs. Laura Cassill
(a) Residence, No. 2900 Euclid Ave. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1866

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 68 | 1 | 15 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) West Virginia

FATHER
13. NAME J. L. Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER
15. MAIDEN NAME Abbie Pringey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT Mrs. W. R. Kolb
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Dec. 1, 1934

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 104 West 42nd Street

20. FILED 12-1, 1934 Mon Crowe
Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1934, to Nov. 30, 1934
I last saw h. alive on Nov. 30, 1934. Death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 11-28-34
108/68

Other contributory causes of importance: Chronic Alcoholism — Undetermined

Name of operation None — Date of
What test confirmed diagnosis? None — Was there an autopsy? No

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) John W. Nixon, M. D.
(Address) 517 Shukert Bldg

[illegible]
S. [illegible] B. [illegible]
11,00 - 4,00

11th & Grand