

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

Do not use this space.

FEB 9 1935

1235

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Frank Primary Registration District No. 1002  
 City W.P. Mo. (No. W. Joseph Hoop St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. 101

**2. FULL NAME**

Carl Parker Casey  
 (a) Residence, No. 3834 Forest 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
30 11 15

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

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) Mo.

13. NAME John S. Casey

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

15. MAIDEN NAME Martha Barlow

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

17. INFORMANT C. L. Casey

(ADDRESS) Merina, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Merina Mo DATE 1-8-35, 19\_\_

19. UNDERTAKER Mrs. C. L. Forster

(ADDRESS) 718 Broadway Ave

20. FILED Jan 9, 1935 M. M. Kerwin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 8 - 35

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1935 to Jan 8, 1935

Last saw him alive on Jan 7, 1935. Death is said to have occurred on the date stated above, at 2:40 AM

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

Acute suppurative appendicitis Date of onset \_\_\_\_\_

1215

Other contributory causes of importance: Partial intestinal obstruction secondary to appendicitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Edmund Hamilton, M. D.

(Address) 602 Maple

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.

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