

JUN 26 1935

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

Do not use this space.

17387

166

1. PLACE OF DEATH
County Putnam Registration District No. 668
Township Bedalia Primary Registration District No. 3889
City Bedalia (No. R.F.D. # 3) St. Ward

2. FULL NAME Cassie Erskine
(a) Residence, No. R.F.D. # 3 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.

File No.
Registered No. 668
St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWER, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1876

7. AGE YEARS 58 MONTHS 8 DAYS 23 If LESS than 1 day,hrs. ormin.

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

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/25, 1935, to 5/10, 1935
I last saw him alive on 5/3, 1935. Death is said to have occurred on the date stated above, at 10a m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach

Date of onset 9 mo ago

Other contributory causes of importance: NO

Name of operation none Date of
What test confirmed diagnosis? X-Ray 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) , M. D.
(Address) Bedalia Mo

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

13. NAME Martin Haggard

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

15. MAIDEN NAME Anna Belt

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

17. INFORMANT J. Erskine
(ADDRESS) Bedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE May 12 1935

19. UNDERTAKER Gallegri Fruit House
(ADDRESS) Bedalia Mo

20. FILED May 13 1935 Jean Black
Registrar.

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.

