Dr Post 3 P M- 8/3/35

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

AUG 19 1935

Do not use this space.

26118

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township St Johns — Primary Registration District No. 3414 — Registered No. 82

City ~~Near Washington Mo~~ ..... St. ..... Ward)

2. FULL NAME Louisa B Casey

(a) Residence, No. St Johns Twp Franklin Co., Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Patrick J Casey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 25-1863

7. AGE: YEARS 71 — MONTHS 1 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping
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): Labadie, Mo

FATHER

13. NAME: Dominic Laretto
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Itely

MOTHER

15. MAIDEN NAME: Katherine Reppetto
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Labadie Mo

17. INFORMANT (ADDRESS): Dominic Casey

18. BURIAL, CREMATION, OR REMOVAL: ~~Pacific Mo~~
PLACE Pacific, Mo DATE Aug 6th-1935

19. UNDERTAKER (ADDRESS): Otto & Co Washington Mo

20. FILED Aug 5 1935 H A May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/3, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to Aug, 1935
I last saw her alive on July 15, 1935 Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:

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) J Post, M. D.
(Address) Washington Mo

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.