

DEC 11 1935

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

Do not use this space.

36416

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
Township _____ Primary Registration District No. 2002 Registered No. _____
City Joplin, Mo. (No. 118 1/2) Joplin St. _____ Ward _____

2. FULL NAME

William Leroy Casey
(a) Residence, No. 118 1/2 Joplin St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 mos. 8 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28, 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
11 11 7 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as painter, sawyer, bookkeeper, etc. Student
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) Sturgis, Ky.

MOTHER FATHER 13. NAME William C. Casey

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

15. MAIDEN NAME Bertha Baygett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlisle, Tenn.

17. INFORMANT mother
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jasper DATE 11/7 _____

19. UNDERTAKER Hurlbut & Co.
(ADDRESS) _____

20. FILED 11-8 1935 Ed Dyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-4 1935 to 11-7 1935

I last saw deceased alive on 11-6 1935. Death is said

to have occurred on the date stated above, at 6:30 a.m.

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

Gen Peritonitis - Date of onset 11-5

Other contributory causes of importance Ruptured appendix with abscess

Name of operation Strained Aorta Date of 11-4

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) W. H. Harkness, M. D.

(Address) Joplin, 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.

WHITE LABEL, WITH UPWARD INK—THIS IS A PERMANENT RECORD

