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.

MCS 20 1935

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

Do not use this space.

42125

1. PLACE OF DEATH
County Schuyler
Township Prairie
City Queen City (No. ..... St. ..... Ward)
Registration District No. 806
Primary Registration District No. 1145
File No. .....
Registered No. .....

2. FULL NAME Myrtle Mary Caswell
(a) Residence, No. ..... 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: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Peck Caswell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 25, 1892
7. AGE: YEARS 43, MONTHS 4, DAYS 6. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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): Queen City, Mo.

FATHER
13. NAME: Joseph Hoops
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Rebecca Dobbs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Peck Caswell, Queen City
18. BURIAL, CREMATION, OR REMOVAL
PLACE Queen City DATE Dec. 2 1935
19. UNDERTAKER (ADDRESS): Wm N. West, Queen City, Mo.
20. FILED 12-1 1935 J. T. Jones, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 1 1935
22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Dec 1, 1935
I last saw her alive on Nov 29, 1935. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Paralysis	
Other contributory causes of importance: Degeneration of Spinal Cord	

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? No
If so, specify .....
(Signed) N. L. Johnson, M. D.
(Address) Queen City Mo.