

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

Do not use this space.

857

**FEB 18 1936**

**1. PLACE OF DEATH**

County Franklin Registration District No. 297  
 Township ..... Primary Registration District No. 3016  
 City Washington, Mo. (No. ...., ..... St. .... Ward)

File No. ....  
 Registered No. 21

**2. FULL NAME** Arline Kasel

(a) Residence, No. 438 Front Street Washington, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 2 yrs. 0 mos. 13 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) child  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 6th, 1934  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
2 0 13

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Washington,  
 (STATE OR COUNTRY) Missouri

FATHER  
 13. NAME Arch Kasel  
 14. BIRTHPLACE (CITY OR TOWN) St. Louis,  
 (STATE OR COUNTRY) Missouri

MOTHER  
 15. MAIDEN NAME Mildred Flake  
 16. BIRTHPLACE (CITY OR TOWN) Washington,  
 (STATE OR COUNTRY) Missouri.

17. INFORMANT Arch Kasel  
 (ADDRESS) 438 Front St., Washington, Mo.

18. BURIAL CREMATION, OR REMOVAL PLACE Catholic Cemetery  
Washington, Mo. DATE Jan. 21, 1936

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

20. FILED Jan. 7- 1936 N. U. May  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 - 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 9 1936, to Jan 19 1936  
 I last saw her alive on Jan 19, 1936 Death is said to have occurred on the date stated above, at 9:45 P.M.

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

Tobacco Pneumonia  
Left. Date of onset Jan 16-36

Other contributory causes of importance:  
Dehydration 10 Jan. 9 1936

Name of operation none Date of .....  
 What test confirmed diagnosis clinical 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? No  
 If so, specify .....

(Signed) R. P. Cottle 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.

