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.

APR 17 1936

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

Do not use this space.

9967

File No. 3

Registered No.

1. PLACE OF DEATH

County Daviess

Township Harrison

City (No. , St. Ward)

Registration District No. 253

Primary Registration District No. 5354

2. FULL NAME Floyd Remington Caselman

(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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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 Fennel Caselman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1888

7. AGE: Years 48 | Months 0 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rented Farm

10. Date deceased last worked at this occupation (month and year) Mar. 6, 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Kingston (STATE OR COUNTRY) Missouri

FATHER

13. NAME George Caselman

14. BIRTHPLACE (CITY OR TOWN) Aurora (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Mary Selzer

16. BIRTHPLACE (CITY OR TOWN) Moorsville (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Fennel Caselman (ADDRESS) Lock Springs, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kingston, Mo. DATE Mar. 6, 1936

19. UNDERTAKER Hope Furniture & Undt. Co. (ADDRESS) Gallatin, Missouri

20. FILED Mch 5, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ VIEWED deceased from March 3, 1936, to V, 19..

I last saw him alive on March 3, 1936. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Angina Pectoris — Date of onset 3-3-36

74a

Other contributory causes of importance:

Name of operation 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) L. C. Richesson, Coroner, M. D.

(Address) Gallatin, Missouri