

APR 27 1936

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

Do not use this space.

13848

1. PLACE OF DEATH

County Washington
Township Breton
City (No.)Registration District No. 884
Primary Registration District No. 1179File No.
Registered No. St. Ward 2. FULL NAME Elizabeth Casey(a) Residence, No. St. Ward
(Usual place of abode)

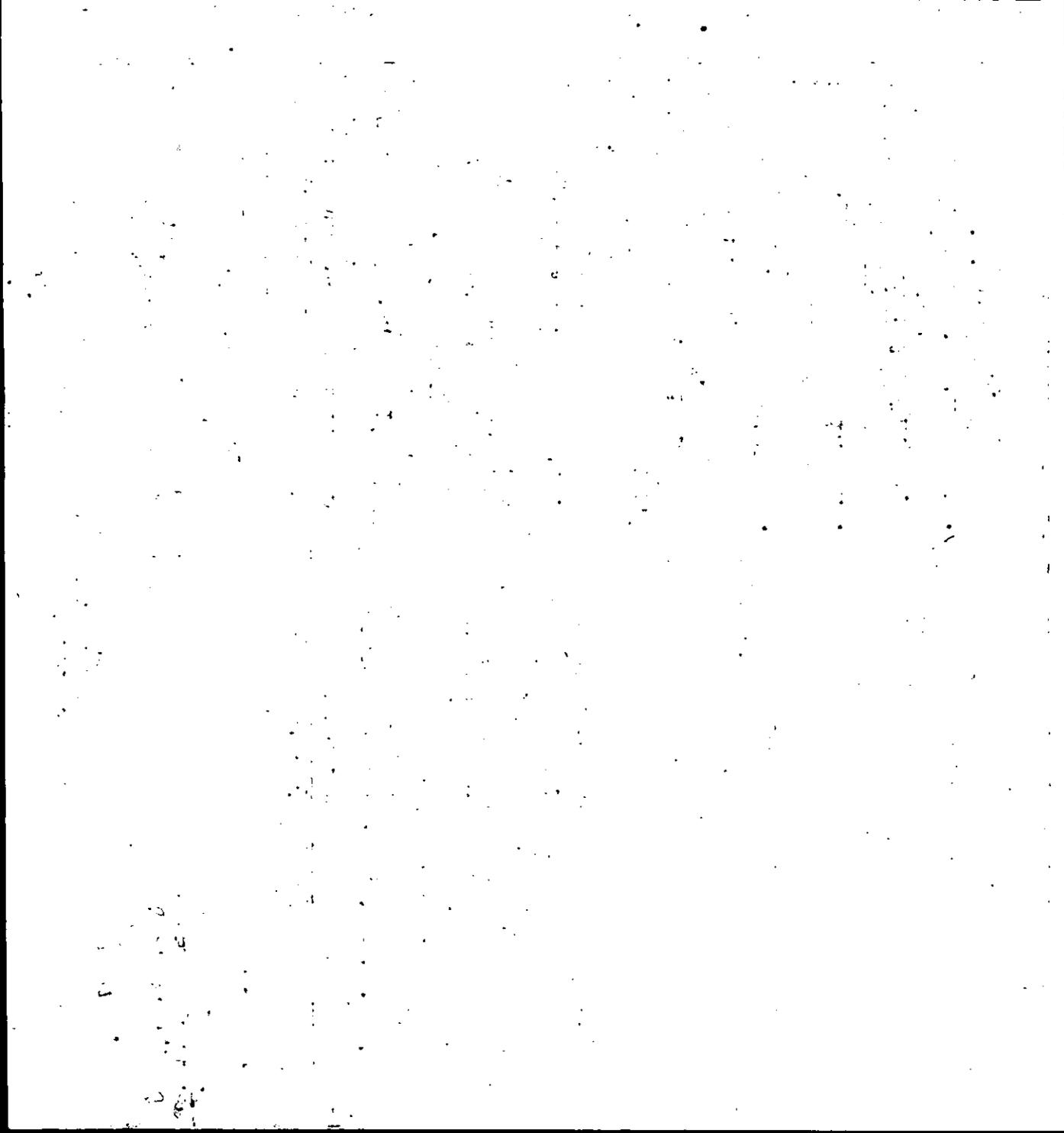
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/22nd. 19365A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Casey22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1936, to March 22, 1936I last saw her alive on March 14, 1936. Death is said6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1861to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:7. AGE YEARS 75 MONTHS DAYS IF LESS than 1 day, hrs. or min.Date of onset 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife.Carcinoma of
Sarcoma in abdomen
in pelvis with metastasis
to lungs9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Other contributory causes of importance: 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (CITY OR TOWN) Old Mines
(STATE OR COUNTRY) Mo.13. NAME Sam White14. BIRTHPLACE (CITY OR TOWN) Old Mines Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Crispine White16. BIRTHPLACE (CITY OR TOWN) Old Mines Mo.
(STATE OR COUNTRY)17. INFORMANT Josephine Casey
(ADDRESS) Mineral Point Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Old-Mines Mo. DATE 3/24th. 193619. UNDERTAKER J.B. Boyer & Son
(ADDRESS) Potosi Mo.20. FILED Mar 1 1936 G.F. Caswell
Registrar.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) G.F. Caswell, M. D.
(Address) Potosi Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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1. PLACE OF DEATH

County Washington
Township Bretton
City..... (No....., St....., Ward)

Registration District No. 887
Primary Registration District No. 6179

File No.....
Registered No.....

2. FULL NAME Elizabeth Casey

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/22, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

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

to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

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

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

Carcinoma of Sarcoma Date of onset
in abdomen
Primary
of Left Abdomen
probably acquired

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

Other contributory causes of importance: 46

13. NAME

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide?..... Date of injury....., 19.....

17. INFORMANT (ADDRESS)

Where did injury occur?..... (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE..... DATE..... 19.....

Manner of injury.....

19. UNDERTAKER (ADDRESS)

Nature of injury.....

20. FILED May 15 1936 E. F. Creswell Registrar

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) G. F. Creswell, M. D.

(Address) Patton mo

SUPPLEMENT

84-131-5