

JUN 17 1936

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

Do not use this space.

19340

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 907 East 39th Street)

File No. _____
Registered No. 2288
St. _____ Ward _____

2. FULL NAME William G. Casperson

(a) Residence, No. 907 East 39th Street St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary E. Casperson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 0 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C.S. Railroad

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) New Jersey

13. NAME Wm. R. Casperson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, New Jersey

15. MAIDEN NAME Hannah Gosling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, New Jersey

17. INFORMANT (ADDRESS) Mrs. Mary E. Casperson
709 East 39th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE May, 4, 1936

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel
Kansas City, Missouri

20. FILED May 14, 1936 M. M. Cronin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-7- 1936, to 5-1- 1936

I last saw him alive on 4-24- 1936 Death is said

to have occurred on the date stated above, at 11:20 am.

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

Hypertensive
cardiorenal
degenerative coronary
occlusion 93%
Date of onset _____

Other contributory causes of importance:
Chronic myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? Tobacco Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury _____, 1936

Where did injury occur? 0 (Specify city or town, county, and State)

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

Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) W. M. Cronin, M. D.
(Address) 707 W. 39th St.

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.

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200 P.M. - 500 P.M.