

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

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

Do not use this space.

23740

JUL 25 1936

1. PLACE OF DEATH

County Oregon
Township Johnson
City Johnson (No.)

Registration District No. 1064
Primary Registration District No. 5842

File No.
Registered No. 2 St. Ward)

2. FULL NAME

Adeline 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8-1936

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

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936, to June, 19... I last saw her alive on June 4, 1936. Death is said to have occurred on the date stated above, at 11:45 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-4-1857

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 4 4

Thromboplegia hepatis Date of onset June

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

Other contributory causes of importance: 82 R!

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

13. NAME James Mayhew

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

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

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)

15. MAIDEN NAME Perkins

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

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

Manner of injury Nature of injury

17. INFORMANT Clark Casey (ADDRESS) Allen Mo.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

18. BURIAL, CREMATION, OR REMOVAL PLACE Lance Cem DATE 6-9-1936

(Signed) Dr. Nelson, M. D.

19. UNDERTAKER neighbors (ADDRESS)

(Address) Allen Mo.

20. FILED 6-20-1936 W. J. Cochran Registrar.

Handwritten notes in the center of the page, possibly a list or a set of instructions, written in a cursive or shorthand style.

Handwritten notes on the right side of the page, appearing as a vertical list or a set of instructions, written in a cursive or shorthand style.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Oregon
Township Johnson
City (No., St. Ward)

Registration District No. 1064
Primary Registration District No. 5842

File No.
Registered No.

2. FULL NAME

Adaline 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

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

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

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

7. AGE YEARS 79 MONTHS 11 DAYS 24 If LESS than 1 day, hrs. or min.

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) (1. Total time (years) spent in this occupation)

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 6-20 1936 H. J. Cotham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8 1936

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

I last saw him/her alive on 19..... Death is said to have occurred on the date stated above, at..... m.

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

Hemiplegia left side (Date of onset)

apoplexy

Other contributory causes of importance: g2a1

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) S. A. Wilton M. D.
(Address) Altamonte

S-23740