WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

AUG 21 1936

Do not use this space.

27075

1. PLACE OF DEATH
County Jefferson
Township ~~Valle~~
City De Soto
Registration District No. 420
Primary Registration District No. 3022
File No.
Registered No.
(No. , St. Ward)

2. FULL NAME Nancy E. Casey
(a) Residence, No. 1106 S Main St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Simon Casey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4-1862
7. AGE YEARS 74 MONTHS 1 DAYS 19 If LESS than 1 day, hrs. or min.

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

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

FATHER
13. NAME Sipio Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Stella Bingham Festus Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE City DATE July 26 1936
19. UNDERTAKER (ADDRESS) Mothershead De Soto Mo
20. FILED July 25 1936 May Bendergast Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1936
22. I HEREBY CERTIFY, That I attended deceased from July 23, 1936, to July 23, 1936
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 620 a m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris
Chronic Interstitial Nephritis
Date of onset
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) F. A. Elders, M. D.
(Address) De Soto Mo