

JAN 29 1937

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

Do not use this space.

44475

1. PLACE OF DEATH

County Greene
Township Campbell
City Springfield, Mo. (No. R#9 Springfield Ins)

Registration District No. 318

Primary Registration District No. 5440

File No. _____
Registered No. 1059
St. _____ Ward _____

2. FULL NAME Casander Essary

(a) Residence, No. Springfield, Mo. Rt. 2, 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of Jack Essary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/3/1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 7 19

OCCUPATION 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. House Keeper
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) Laclede County, Missouri

13. NAME Jesse Deckard

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs. Matilda Woods
(ADDRESS) Ozark, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Linden DATE 12/23/36

19. UNDERTAKER B. C. Klepper
(ADDRESS) Ozark, Missouri

20. FILED Dec 23 1936 Chas W George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/22/1936

22. I HEREBY CERTIFY, that I attended deceased from Dec. 15, 1936, to Dec. 21, 1936
I last saw him alive on Dec 21, 1936. Death is said to have occurred on the date stated above, at 12:15 P.M.

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

Lobar pneumonia, right upper & lower

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____ (Signed) James D. Hart, M. D.

(Address) Springfield, Mo.

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.

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

