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

JAN 27 1937

Do not use this space.

47262

1. PLACE OF DEATH County: Saline Registration District No.: 797 File No.:
Township: Miami Primary Registration District No.: 4477 Registered No.: 8
City: Miami (No. ..... St. ..... Ward)

2. FULL NAME: [redacted] Margaret Susan Casebolt

(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 81 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow Andrew Casebolt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 24 - 1855

7. AGE: Years 81 | Months 8 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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): Miami Mo

FATHER

13. NAME: Marion Peterman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Va.

MOTHER

15. MAIDEN NAME: Sophia Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Va

17. INFORMANT (ADDRESS): Mrs. Edna Poe Miami Mo

18. BURIAL, CREMATION, OR REMOVAL: Burial
PLACE: Miami Mo, DATE: Dec. 18, 1936

19. UNDERTAKER (ADDRESS): Walter Ardsley Glasgow Mo

20. FILED 12-15-1936 Mrs Aubrey Haynie Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1936, to Dec. 15, 1936
I last saw her alive on Dec. 14, 1936. Death is said to have occurred on the date stated above, at 9:30 P. a. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	

Other contributory causes of importance:

Name of operation: None 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? No
If so, specify

(Signed) H. D. Grady, M. D.
(Address) Miami 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

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