

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

12 County Butler
2 Township
7 City Poplar Bluff (No. 5 + Park ave)

Registration District No. 89
Primary Registration District No. 3007

File No. 15847
Registered No. 105
St. 1 Ward

2. FULL NAME William S Casebolt

(a) Residence, No. 5 + Park ave St., 1 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 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 Leona Casebolt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3 - 1874

7. AGE YEARS 62 MONTHS 4 DAYS 26 If LESS than 1 day, hrs. or min.

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

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) Butler Co., Mo.

13. NAME John A. Casebolt

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

15. MAIDEN NAME unknown

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

17. INFORMANT John Casebolt (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Kingie DATE April 4, 1937

19. UNDERTAKER Green Funeral Service (ADDRESS) Poplar Bluff, Mo.

20. FILED 4/3 1937 Ob. C. Uttinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1937, to March 30, 1937

I last saw him alive on March 30, 1937. Death is said to have occurred on the date stated above, at 6:24 P.M.

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

Cerebral apoplexy
was recurrent attack

Date of onset 1-11-37
3-28-37

Other contributory causes of importance: Arterial Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical. 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) J. Hester Harwell, M. D.
(Address) Poplar Bluff, 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.

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