

JUL 31 1937

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

Do not use this space.

25129

1. PLACE OF DEATH

County Vernon
Township Washington
City State Hosp. #3

Registration District No. 879
Primary Registration District No. 6162

File No. _____
Registered No. 169
St. _____ Ward _____

2. FULL NAME

Edward Cursey Casement
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 20 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1937

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

22. I HEREBY CERTIFY That I attended deceased from Feb. 9, 1937 to June 25, 1937
I last saw him alive on _____, 1937. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1898

to have occurred on the date stated above, at 2:50 P. M.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 39 MONTHS 5 DAYS 18 IF LESS than 1 day, _____ hrs. or _____ min.

Cerebral arteriosclerosis with hypertension and gen. muscular debility (post cerebral hem. - remote). Date of onset 1933

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

Other contributory causes of importance: Chas pneumonia Jan 24/37

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) Ohio

13. NAME Edwin H. Casement

Name of operation none Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester N.Y.

What test confirmed diagnosis? Clinical Was there an autopsy? no

15. MAIDEN NAME Sarah Clayton

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

17. INFORMANT W.C. Casement, Hoosier Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE June 26, 1937

19. UNDERTAKER Ferry Funeral Home (ADDRESS) 114 W. 1st St. Hoosier Mo.

20. FILED 6-26 1937 M. C. Ciching Registrar.

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) T. T. Dull M. D. (Address) Hoosier 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.

THIS IS A PERMANENT RECORD

1/10/20