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.

AUG 19 1937

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

Do not use this space.

File No. 26774

Registered No. 175

Registration District No. 89

Primary Registration District No. 3007

1. PLACE OF DEATH

County: Butler

Township:

City: Poplar Bluff (No. Lucy Lee Hospital St. Ward)

2. FULL NAME: James Casper

(a) Residence, No. Rombauer St., 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: Mrs. Ida Casper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 17, 1865

7. AGE: Years 71 | Months 7 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

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.: Farmer

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): Missouri

FATHER

13. NAME: Pete Casper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Dora Clark, Rombauer, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Rombauer, Mo. DATE: July 17, 1937

19. UNDERTAKER (ADDRESS): Shain Und. Co., Fisk Mo.

20. FILED: 7/17, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937, to July 16, 1937

I last saw him alive on July 16, 1937. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Coronary thrombosis following operation for cancer of the prostate.

Date of onset

Other contributory causes of importance:

51

Name of operation: Prostatectomy 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? No Date of injury, 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: No

Nature of injury: No

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. O. McPherson, M. D.

(Address) Poplar Bluff, Mo.