SEP 10 1937

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

Do not use this space.

28767

File No.

Registered No. 7400

1. PLACE OF DEATH

County 1 Registration District No. 791

Township Primary Registration District No. 1003

City (No. 2947 Sheridan St. Ward)

2. FULL NAME Bertha McCaslin

(a) Residence, No. 2947 Sheridan St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: FE

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robt. McCaslin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-1-1866

7. AGE: YEARS 71 [redacted] MONTHS 6 DAYS 1 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.: Domestic

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): Murphisbury Illinois

FATHER

13. NAME: Unknown

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Charles Nichols 2103 H Franklin

18. BURIAL, CREMATION, OR REMOVAL PLACE: Greenwood DATE: 8-5 1937

19. UNDERTAKER (ADDRESS): G. W. Bruce 1003 H Harrison

20. FILED: AUG 5 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1937, to Aug 2, 1937. I last saw her alive on Aug 2, 1937. Death is said to have occurred on the date stated above, at 3 am. The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	

93C

Other contributory causes of importance:

chr. Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) E. L. Fearn MD, M. D.

(Address) 2800a Dickson

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

MARGIN RESERVED FOR BINDING

V. S. NO. 2 50M 22-36 I X9314

Dr. Fern
Dixon & Leffingwell