

DEC 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County

Butler

Registration District No.

88

Township

Raccoon Island

Primary Registration District No.

6268

City

(No.

St.

Ward)

## 2. FULL NAME

(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

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

40776

File No.

Registered No.

46

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

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

Baby

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

infant

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

March 9, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

7

13

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.

None

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)

Dyersville  
Butler Co. Mo.

FATHER

13. NAME

Charles Cassinger

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

Dyersville  
Butler Co. Mo.

MOTHER

15. MAIDEN NAME

Lula Butler

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

Dyersville  
Butler Co. Mo.

17. INFORMANT (ADDRESS)

Lula Cassinger

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cove Island

DATE

Oct 23 1937

19. UNDERTAKER (ADDRESS)

Minnie Lisk

20. FILED

Nov-12 1937

R. D. Turner

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Oct 22 1937

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19,

I last saw h. alive on , 19 Death is said

to have occurred on the date stated above, at 2:30 a.m.

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

acute poliomyelitis

Date of onset  
about  
Oct 13  
1937

Other contributory causes of importance:

16

Name of operation

none

Date of

What test confirmed diagnosis?

stool

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)

E. E. Ecelite

M. D.

(Address)

naylor no.

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.

