JAN 15 1938

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

Do not use this space.

File No. 44581

Registered No. 197

1. PLACE OF DEATH
County Audrain
Township Saltriver
City ~~Mexico~~ (No. R.F.D. 6 St. Ward)

Registration District No. 26
Primary Registration District No. 5034

2. FULL NAME Homer Herbert Creasey
(a) Residence, No. R.F.D. #6 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 Lula Creasey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 23, 1881

7. AGE: Years 56 | Months 4 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Aug 1937
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain County, Mo.

FATHER
13. NAME William Creasey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Mollie Bradley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Lula Creasey
(ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mexico, Mo.
PLACE Elmwood Cemetery, DATE Jan. 2, 1938

19. UNDERTAKER H.A. Precht & Son
(ADDRESS) Mexico, Mo.

20. FILED Jan 1, 1938 Blanche Neely
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 12-1-, 1937, to 12-31-, 1937
I last saw him alive on 12-30-, 1937 Death is said to have occurred on the date stated above, at 11:54 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis (Chronic)	
Other contributory causes of importance: 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. Frank Gallery, M. D.
(Address) Mexico, 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.