

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

Do not use this space.

92

3011

1. PLACE OF DEATH
 48 County Dadson Registration District No. 400
 7 Township France Primary Registration District No. 4235
 0 City Lee's Summit (No. _____) St. _____ Ward _____

2. FULL NAME Mary P. Casell 240
 (a) Residence, No. 3 + Green St St. _____ Ward Burnburnett Tex
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 68 11 24

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

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) 1-19-20 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo
in State of Mo

13. NAME James Moore

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

15. MAIDEN NAME Rhodie Turk

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

17. INFORMANT Mrs. S. W. Dadson (Daughter)
 (ADDRESS) Lee's Summit Mo

18. ~~SEX~~ CREMATION, OR REMOVAL
 PLACE Burnburnett Tex DATE 1-21 1938

19. UNDERTAKER W. B. Langsford
 (ADDRESS) Lee's Summit Mo

20. FILED Jan 20 1938 William J. Fields
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1938

22. I HEREBY CERTIFY That I attended deceased from _____, 19____ to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
Arterio-sclerosis
 Date of onset _____

Other contributory causes of importance: None

Name of operation none Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) W. B. Langsford M. D.
Deputy Coroner
Lee's Summit, Mo.
 362- (Address) _____

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.

RECEIVED

FEB 25 1938

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