

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state information about the emergency supplier.

REC'D MAR 14 1938

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

Do not use this space.

File No. 6114  
Registered No. 190  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Cook Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. No. Met Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Charles Homer Cassity 2:30  
(a) Residence, No. 212 St 15 St. \_\_\_\_\_ Ward 2  
(Usual place of abode)  
Length of residence in city or town where death occurred 7 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annette Cassity

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8 - 1898

7. AGE YEARS 40 MONTHS 0 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept

10. Date deceased last worked at this occupation (month and year) Feb 10/38 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waller Mo

13. NAME Allen W. Cassity

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

15. MAIDEN NAME Julia Ann Regan

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

17. INFORMANT Annette Cassity (ADDRESS) 212 St 15

18. BURIAL CREATION, OR REMOVAL Waller DATE Feb 12 38

19. UNDERTAKER Darryl Miller (ADDRESS) Waller

20. FILED 2/12 1938 H. H. Heston Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1938

22. I HEREBY CERTIFY, That I am a Physician from 2-10, 1938, to 2-10, 1938. I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 1938. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows: Cerebral apoplexy Date of onset 2/8/38

Other contributory causes of importance: \$ 72.1

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1938. 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

(Signed) B. W. Tadlock - Coroner, M. D.  
(Address) King Hill Bldg.

