SEP 14 1938

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

Do not use this space.

File No. 28384
Registered No. 877

1. PLACE OF DEATH
County BUCHANAN — Registration District No. 85
Township WASHINGTON — Primary Registration District No. 1001
City ST. JOSEPH, (No. 1216 SOUTH 22ND ST. St. Ward)

2. FULL NAME MRS. NETTIE J. CASON
(a) Residence, No. 1216 SOUTH 22ND, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DANIEL L. CASON, DEC

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 15, 1856

7. AGE — YEARS: 82 — MONTHS: 5 — DAYS: 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME
10. Date deceased last worked at this occupation (month and year) UNK
11. Total time (years) spent in this occupation UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LAFAYETTE, INDIANA

FATHER
13. NAME JOHN O'HAVER,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN PENNSYLVANIA

MOTHER
15. MAIDEN NAME EMMA SLOAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN PENNSYLVANIA

17. INFORMANT (ADDRESS) MRS. E. F. LANGSTON, 1201 SOUTH 22ND, ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE QUINDARO, KANSAS CITY, KANS. DATE ....19..

19. UNDERTAKER (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. JOSEPH, MISSOURI

20. FILED 8/26/38 A. J. Nettabuck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1938, to Aug. 24, 1938
I last saw HER alive on Aug. 19, 1938. Death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Marasmus	
Other contributory causes of importance:	
Hemorrhagic Cystitis	
Pyonephrosis	

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) Lucy M. Frommer, M. D.
(Address) 216-217 Phys. & Surg. Bldg.

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

X7294

I HEREBY CERTIFY THAT THIS BODY WAS PREPARED FOR BURIAL BY MYSELF,

John E. Rupp
L.E. # 3986