

SEP 19 1938

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

Do not use this space.

29756  
3

1. PLACE OF DEATH  
County Platte Registration District No. 281  
Township Clarksville Primary Registration District No. 2929A  
City Clarksville (No. 125) St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Thomas Casey  
(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) Widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1938

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 11 - 1881

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11 a m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 4 1

Struck by a shot, with a double barreled shot gun Date of onset \_\_\_\_\_

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: 167

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis 0

13. NAME Daniel Casey 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown 9

15. MAIDEN NAME Don't know 1

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

17. INFORMANT (ADDRESS) Christ Reddies Clarksville Mo

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X 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. \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis DATE Aug 1938

19. UNDERTAKER (ADDRESS) Harvey Carroll Clarksville Mo

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

20. FILED Aug 28 1938 Martha J. Jones Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_  
(Signed) Payton Harrison Brown M.D.  
(Address) Clarksville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-38-129

Date Filed 9-15-38