

REG NOV 15 1938

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

35147

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan  
(b) Township Washington  
(c) City Saint Joseph

Registration District No. 85Primary Registration District No. 1001  
Saint Joseph HospitalRegistered No. 1043

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss. Della Cassidy(a) Residence, No. 701 Powell Street St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 4 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Rome,  
(STATE OR COUNTRY) New York

FATHER 13. NAME Jim Cassidy  
14. BIRTHPLACE (CITY OR TOWN) UNKNOWN  
(STATE OR COUNTRY) UNKNOWN

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

17. INFORMANT Mrs. E. E. Sipes  
(ADDRESS) 2744 Lafayette Street.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Olivet Cem. DATE Oct. 21, 3819. FUNERAL DIRECTOR E. R. SIDENRADEN FUNERAL HOME  
(ADDRESS) 602 South 10th Street20. FILED Oct 20 1938 H. J. Muthusack  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 19, 193822. I HEREBY CERTIFY, That I attended deceased from Jan. 1937, to Oct 19, 1938I last saw her alive on Oct 18, 1938 Death is saidto have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

Generalized Carcinoma  
Primary Carcinoma Uteri  
Cachexia  
Asthma  
Arteriosclerosis general

Date of onset

1 yr187 mo

Other contributory causes of importance:

Name of operation Bruisy - X-Ray Date of 9/2  
What test confirmed diagnosis? ? Was there an autopsy? Yes23. 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? NoIf so, specify None  
(Signed) H. J. Muthusack, M. D.(Address) S. Joseph 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.

FEB 1 1950

STATEMENT BY LICENSED EMBALMER

I, Theron O. Smith....., Licensed Embalmer No. 3928  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.  
No..... or by..... Registered Apprentice No.....  
working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**