

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

REC'D DEC 19 1938

30181
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
 (b) Township Scampbell Primary Registration District No. 2001 Registered No. 862
 (c) City Springfield (d) Street No. 627 Delmar St St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 59 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

GEORGIA ELIZABETH CASSIDY
 (a) Residence, No. 627 E Delmar St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 0 26

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

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

FATHER 13. NAME W. P. Whitlock

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

MOTHER 15. MAIDEN NAME Jennie Ross

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

17. INFORMANT (ADDRESS) Whitlock Cassidy Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE 11-18 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hughes-Hall 629 W. Delmar St

20. FILED Nov 18 1938 Chas A George M.D. Local Registrar. 290

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1938, to Nov 16 1938

I last saw her alive on Nov 16 1938. Death is said to have occurred on the date stated above, at 4: P. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Nov 8 38
g. p. m.
 Other contributory causes of importance: Arteriosclerosis. ?

Name of operation none 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 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) Francis B. Berry M. D.
 (Address) Springfield 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed Lloyd W. Fox

Licensed Embalmer No. 2910

P. O. Address 629 W Walnut

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.)

If this body is not embalmed, above space should be left blank.