

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.

REC'D FEB 11 1939

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

3274
Do not use this space.

1. PLACE OF DEATH
 (a) County Newton Registration District No. 609
 (b) Township Neosho Primary Registration District No. 4363 Registered No. 5
 (c) City Neosho (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 200 Infant son of Mr. & Mrs. Percy Casey
 2. PRINT FULL NAME _____
 (a) Residence, No. Delaware St. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 5, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Still Born
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as saw mill, bank, etc. Infant
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) Neosho (STATE OR COUNTRY) Missouri
 FATHER 13. NAME Percy Casey
 14. BIRTHPLACE (CITY OR TOWN) Greenville (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Warnerdell Gilmore
 16. BIRTHPLACE (CITY OR TOWN) Newton County (STATE OR COUNTRY) Missouri
 17. INFORMANT Percy Casey (ADDRESS) Neosho Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho 209. Cem. DATE 1-5 1939
 19. FUNERAL DIRECTOR (NAME) Earley Thompson (ADDRESS) Neosho Mo.
 20. FILED 1-18 1939 Enalby S. Miller (Address) Neosho, Mo.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1939, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 A m.
 The principal cause of death and related causes of importance were as follows:
Premature birth (Period of gestation approximately 5-5 1/2 months)
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? _____
 If so, specify _____
 (Signed) Mary Alice Chester M. D. O.
 (Address) Neosho, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.