

6550 JUL 14 1939

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

Do not use this space.

23461

1. PLACE OF DEATH

106 County Janey
Township Douglas Jasper
City Strogitz (No. _____)

Registration District No. 1065
Primary Registration District No. 6133

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Edna Maud Ellen Casey
R 2 D -

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Lifetime (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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Louie Casey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 15 1871</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>4</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation. <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Janey Co. Missouri</u>		
FATHER	13. NAME <u>Preston Hoggard</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT (ADDRESS) <u>Daughter Mrs Gae Roberts</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mrs Hooper Cull</u> DATE <u>June 14 1939</u>		
19. UNDERTAKER (ADDRESS) <u>Welch Funeral Home</u>		
20. FILED <u>June 15 1939</u> <u>Lee Alma</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13th 1939

22. I HEREBY CERTIFY that I attended deceased from June 12 1939 to June 13 1939
I last saw him alive on June 13th 1939 Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____
Rheumatism
Other contributory causes of importance: _____
Name of operation Examination Date of _____
What test confirmed diagnosis? Examination 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 None
(Signed) Not known M. D.
(Address) Rockaway Beach Missouri

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.

