

35 AUG 7 1939

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 11002
City Lawrence City (No. St. Marys Hospital)

24812
File No. 3025
Registered No. _____
St. _____ Ward _____

2. FULL NAME William J. Cassil

(a) Residence, No. 4410 Springfield St., _____ Ward. _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26 1939

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

22. I HEREBY CERTIFY, THAT I attended deceased from July 25 1939 to July 26 1939
I last saw him alive on July 26 1939 Death is said to have occurred on the date stated above, at 6P m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-30-1866

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.
72 11 26

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bill Clerk

acute coronary thrombosis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo Pac. R. R.

Rupture of interventricular septum

10. Date deceased last worked at this occupation (month and year) 4-1938 11. Total time (years) spent in this occupation 45

Other contributory causes of importance: 95 39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osaka Mills, Kansas

Name of operation none Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? ye

13. NAME William Cassil

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)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

Specify whether injury occurred in industry, in home, or in public place. _____

15. MAIDEN NAME Lamery D. Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs Ella Cassil 4410 Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Hope DATE 7-29 1939

19. UNDERTAKER (ADDRESS) St. Johns

20. FILED 28 1939 M. M. Brown Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) J. E. Castle M. D.
(Address) 1002 Argyle Bldg

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.

