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.

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

Do not use this space.

47
2
0

1. PLACE OF DEATH

County Iron — Registration District No. 391 — File No. 32547

Township Arcadia — Primary Registration District No. 4230 — Registered No. 61

City Ironton (No. ..., ... St. ..... Ward)

2. FULL NAME Henry O. Casey

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
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) 9/13/1881

7. AGE: YEARS 58 — MONTHS 0 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) Potosi Missouri

FATHER

13. NAME Edmond Casey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Missouri

MOTHER

15. MAIDEN NAME Ollie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentuckey

17. INFORMANT (ADDRESS) Paul J. Casey Potosi Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Potosi Mo. DATE 9/25/1939

19. UNDERTAKER (ADDRESS) J.B.Boyer & Son Potosi

20. FILED Sept 27 1939 R. A. McRaeche Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept.23-1939

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1939, to September 23, 1939

I last saw him alive on September 23, 1939. Death is said to have occurred on the date stated above, at 3:30 P.m.

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

colitis — Date of onset

Other contributory causes of importance:
secondary anemia, sprue

Name of operation none 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? no
If so, specify

(Signed) George [illegible], M. D.
(Address) Ironton, Missouri